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BALTIMORE, MDy21201 URS AFTER DEATH, IF A B. GIVE PAGES 1, 2, WITH FORM PM 3, III FAGES 1 RND 2 FTD DIVISION OF VITAL	100	no			215-	-24-36	31 Mil	dred I	. Huds	on 99	15 G	unfo	orge	Rd.
		18. CAUSE OF	DEATH (Enter or	ly one couse per line	for (o), (b),	and (c).)					4	AF 8ETV	PPROXIMATE WEFN ONSET	INTERVAL
WITHIN 24 HOL CIL IN ITEM 18 INER ALONG AL HYGIENE, WOVAL.		PARTIDEA	IMMEDIA	TE CAUSE (o)			y An	- Tuny	Di	जिल्ला व	1			
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PAC PAC	(5	SPECIFY)	ON,REMOVAL				TERY OR CREM		23d. LOCATIO	1		UNTY	ST	ATE
BP		urial UNERAL DIRECT		7-2-85	Du	ılaney	Valle	y Cem.	Luthe	rvill	e B	alto)	Md.
DHMH - 17 (VR A15 ME (5))	1	NAME		ADDRESS				ZS DATE R	0 1 1085	TAN RE	DW	17 Ac	WE SE	
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6500 York Rd.

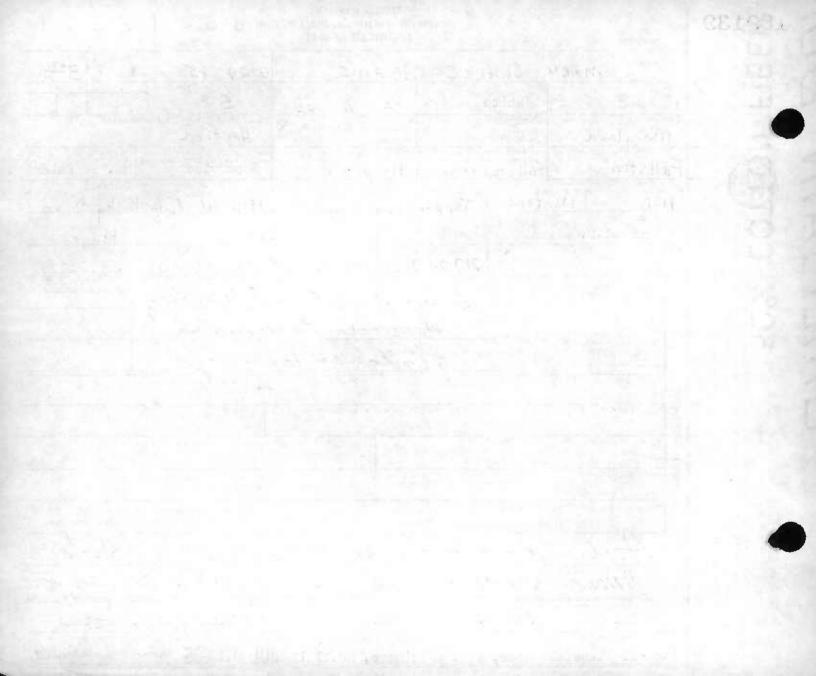
Mitchell-Wiedefeld Home, Inc. Baltimore, Md.21

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

24 FUNERAL DIRECTOR

DIVISION OF VIT



FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2a DATE OF DEATH L DECEASED NAME 2h HOUR (TYPE OR PRINT) Olive isoN ULLE 4 RACE 3. SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS Feb. 1904 White ĨŎ 81 Female TO BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED United States Maryland CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Grace Homemaker Own Home SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE N3b. COUNTY GIVE RESIDENCE BEFORE ADMISSIONS N36. COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 3452 Cardenas Avenue/21213 Baltimore Baltimore YES X NO Maryland 4. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE LAST WIDDLE FIR ST Tarbert Benjamin Lloyd Sarah ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17. INFORMANT Maryland 162-05-9164 Jean W. Fink 101 Mercury Court Havre de Grace. No

IMMEDIATE	CAUSE (0)	Cerecio-	1000 cheang	Coven	uno	400
Conditions, if ony, which gove rise to immediate couse (0), storing the underlying couse lost.	(b)	AS ATTOMEDIENCE OF	y puturyu	dias	uin	0
PART 2. OTHER SIGNIFICANT CO	onditions co				IDITION GIVEN I	N PART 1(0
90 DATE OF OPERATION	196. CONDIT	ION FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		RE FINDINGS USED G CAUSES OF DEATH NO [
210. ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJE	RY IN ITEM 18 PART I	OR PART 2)

21d INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH

LIF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

21b. TIME OF INJURY

21e PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ged (c).

PART I. DEATH WAS CAUSED BY:

HOUR A.M. MONTH DAY YEAR

211 LOCATION

CITY OR TOWN

COUNTY

STATE

22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased olive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURI 22c. DATE SIGNED

ATTENDING

DIRECTOR PHYSICIAN

STAFF

23c. BURIAL (SPECIFY)

23¢ NAME OF CEMETERY OR CREMATORY

MEDICAL

Burial 24 FUNERAL DIRECTOR June 27.1985 Slate Ridge Cemetery Paechbottom Twp.

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burial-transit Mental Hygie

00

MEDICAL

John H. Harkins 600 Main Street Delta.

DHMH - 16 60M 7/84 (VRA 15, 4)

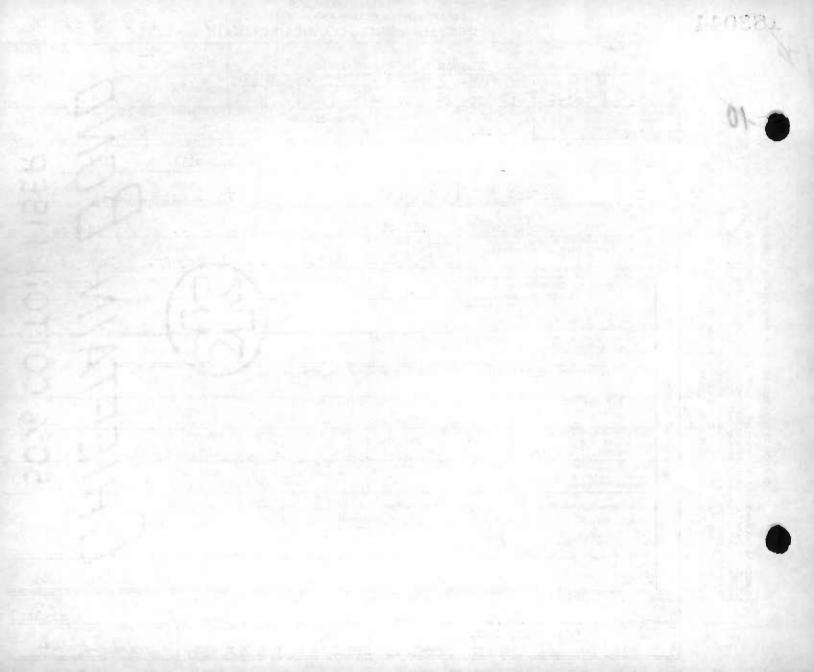
FUNERAL DIRECTOR

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DIVISION OF VITAL RECORDS, 201

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	一世界を開かり	FO	REIGN COUNTRY)		11 6	S.A.			MARRIE	D X NEV	ER MARRIE DIVORCE		Uarf	ord C	County,		
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	A BENEFIT				(IF NOT	IN SUCH FACIL	LITY, GIVE S	TREET ADDRESS)				FOR MC	OST OF WORKIN	NG LIFE)	OF THOME	OR INDUST	RY
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20	A SERVE		yland		rford		Ede	gewood		YES 🗌	NO 🗌		Jame	stown	Court	2.	1040
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M. M.	であ っ なと		nes		enjamir			lliott			izabet	th	S			homas	
NA NA	PAGE ON O	16a. V	AS DECEASE S, NO, OR UNKNO	DEVER IN U.S.	ARMED FORCE		16b. SO	CIAL SECURITY I	NO. 1	7. INFORM.	ANT			ADDŖESS			
BALTIMORE	JRS AFTER 8. GIVE PA WITH FOR I. PAGES I DIVISION	No					218	-50-720	3	Phili	ip J.	Badi	nger,	Sr.	Sam	ne as I	13e
-			18 CAUSE C	F DEATH (Enter	only one cous	e per line fo	or (o), (b), ond (c).)		, , , =						APPROXIMATI	E INTERVAL
N S	ENE LENE		PARTIDI	EATH WAS CAU	ISED BY: DIATE CAUSE (:	1	Mult	iple In	jurie	es						DET WEEK ON DE	T AING DEATH
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DS.	UID BE EXECUTED "PENDING" IN P EF MEDICAL EXA SED AS A BURIAL- FHEATH AND ME AL, CREMATION,		PART 2 OTHER S	IGNIFICANT CONOITH	ONS CONTRIBUTING	TO DEATH BU	T NOT RELA	ATEO TO THE TERMIN	AL DISEASE O	OR CONDITION	GIVEN IN PART	I 1 (6)					
RECORDS,	MEDIC MEDIC AS A CREM	z															
R	EA A MEN	CERTIFICATION	19a. DATE OF	OPERATION	19b	CONDITIO	ON FOR	WHICH OPERA	TION WA	SPERFORM	AED?				12	20 AUTOPSY	?
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OF VITAL	E WORD THE CHIE LD BE USI MENT OF TO BURIA	15	21a. EXTERNA	AL CAUSE WAS	21b.	TIME OF JI	NJURY	DAY YEAR	121c. HO	W INJURY O	OCCURRED) (ENTER NA	TURE OF INJUR	RY IN ITEM IBP	PART 1 OR PART 2)		NO L
0	HE WENTER		UNDERLYING	S XXOR		50.m.		DAY YEAR 21 19 85							notorcy		
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N	S S S S S S S S S S S S S S S S S S S	뿦		NOT WHILE	XX s	TREET, FACTOR	-	TC.)	STR		DI		CITY OR TOWN		COUNTY		STATE
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	NE SERVICE SER	1	22a. I cert	fy that I took ch	orge of the ren	noins descri	ibed obc	ve, held on	Autopsy	XX.	Inspection	□.	Inquiry L	, one	d in my opinio	ın	
-	ME SECTION	1	death result	ed from N	nturol couses	11/2	ofident	XX Suici	de .	Homicio	de 🔲 ,	Undeter	mined mon	ner .			
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	NE S T S T S T S T S T S T S T S T S T S	1	EXAMINER'S	NAME -		~	1	W D			111 1	D	0+	D-14-	Ma	212	0.1
	TO MEDICAL EXECUTE THE PAGE 4 SHOUT TO FUNERAL AFTER DEATH BALTIMORE.		(TYPE OR PRI	NT)	ennis F	. Smy	CD,	M.D.	A	DDRESS	111]			Balto	o., Md.	2120	O.T.
	DAY DAY	23a.Bl	JRIAL, CREMA	TION, REMOVA	L 23b. DATE		23c. 1	NAME OF CEME	TERY OR	CREMATOR	RY	23d. LOC	ATION		COUNTY	ST	TATE
07/84	BP	Cre	mation		6/24/	/1985		Westvie	W			Ba1	timor			Mary	yland
25M	DHMH - 17	24. FU	NERAL DIREC	TOR Duda-	Ruck,	Inges				25					STRAR'S SIGN		
	(VR-A15 ME (5))						Mar	vland :	21222	2	JIIN	26	1005	- Walker	Bairidson-	- Gandale	2



UNIVERSE PROPER

(VRA 15, 4)

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STATE OF MARYLAND

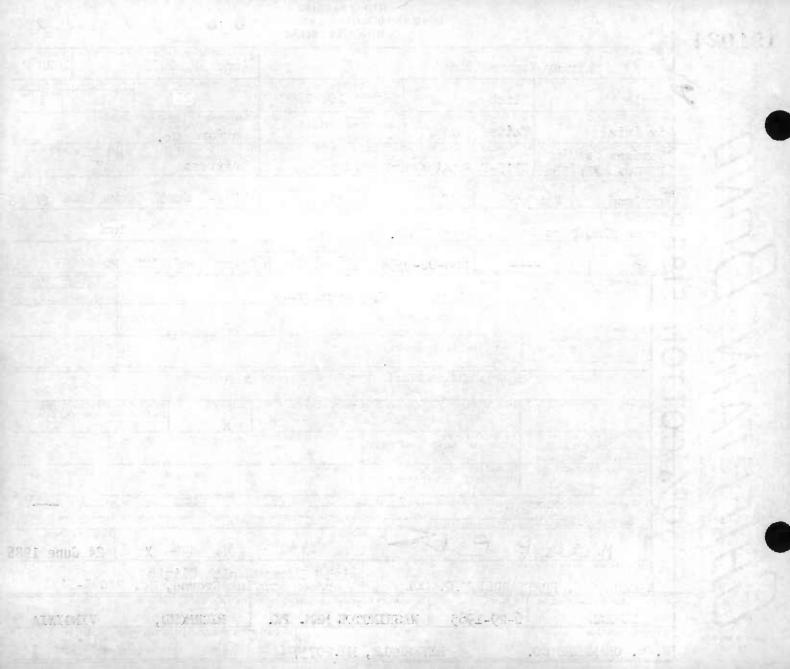
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RIVERDALE. Md. 207

(VRA 15, 4)

W. CHAMBERS CO.

STATE OF MARYLAND



70016	1.	FOR - STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 1 7 3 9 7 CERTIFICATE OF DEATH REG. NO.								
		CEASED NAME	FIRST		MIDDLE	i	AST	20. DATE OF DEAT	H MONTH D	AY YEAR	2b. HOUR	
ay be	(IYPI	OR PRINT)	KUTI	4	E.	1	BITTNER	6-16	9-85		6:01 AM	
may er d	3. SE	X		4. RACE		5. DATE C	C DIRTII	6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS	
octor s off		Female		Whit	e	S. DATE C	24 1903	81	YRS.	MONTHS! DAYS	HOURS MIN.	
86		RTHPLACE (STATE OR COUNTRY)	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CI	rd Co.	OF DEATH	M	
(R \90	10. C	Bel Air	ATH	(IF NOT IN SU	CHEACILITY GIVE STREET	ADDRESS)	escent Ctr.	12a. USUAL OCCU (TYPE OF WORK FOR M HOME	PATION OST OF WORKING LIFE MAKET	12b. KIND C INDUSTRY Home	OF BUSINESS OF	
人级	13a	AL RESIDENCE (IF NURS	13b. COUN Hari	1TY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Edgewood	N	13d. INSIDE CITY LIMITS? YES NO 🚰	13 SIREET ADDR	ipper Dr	. 21	0110	
impletely and 2 %	14 F	Samuel		MIDDLE	Prouty		15. MOTHER'S MAIDEN N	MIDE	May	Hô	ward	
Poget		WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	2] 2-22-5		Mrs. Ruth		Phoenix,	Dance Md.	Mill R 21131	
ow requires that the signed by rmit. Then please prior to buriol, cr ony injury, or ath	CERTIFICATION	PART 2. OTHER SIGN	MA	CONDITIONS C	CANO	OPERATIO	NO PELATED TO THE TEN	RMINAL DISEASE OR (20b. IF YES	EN IN PART 11. , WERE FINDING CAUSES	NGS USED	
The lide.	F							YES NO	YES YES	5 🗆	NO 🗌	
ICIAN: The I g physician. entiticate has iol-transit pe intal Hygiene		216. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MEDI	CAUSE OF DEA	HOUR A	OF INJURY .M. MONTH DA .M.	AY YEAR	21c HOW INJURY OCCL	JRRED (ENTER NATURE O	INJURY IN ITEM 18 PA	ART 1 OR PART 2}		
affection of the state of the s	MEDICAL	21d INJURY OCCUR	HILE		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY	OR TOWN	COUNTY	STATE	
ATTENDIP Sprital or SCTOR, Al of for use of Healt m 21 is ma		220.1 certify that (1) saw the decease obove (1) (we) (1 1 4		d that in (my/(ou) apinio	on death occurred on t	he date and hour	and from the		
by the hore hore hore hore hore hore side of the hore here.		40	an &	1/K	opens &	W/		DIRECTOR PH	STAFF HYSICIAN []	6/	10/85	
O HOSPITAL etoined by the TO FUNERAL should be det with the State		RABE B	25	T. Ros	ENST	FEL	22e ADDRESS J60	2 CLK	RET	· 1	15	
BP		BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	236. DATE			EMETERY OR CREMATOR	CITY OF TOV	VN	more C	o Md	
	24 F	UNERAL DIRECTOR		10-17-				ATE REC'D. BY REGIST				
OHMH - 16 50M 4/83 (VRA 15, 4)		NAME D	FIL.	1175	0 Billings	N Roll	21.087 J	UN 1 2 198			- Pandell	

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE S
CERTIFICATE OF DEATH

REGISTRAR REG. NO I. DECEASED NAME 2a DATE OF DEATH (TYPE OR PRINT) 06 85 GI 3. SEX DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 21 HRS MONTH YEAR 02 emale 03 7a. BIRTHPLACE I STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [11. NAME OF HOSPITAL NURSING HOME 12b. KIND OF BUSINESS OR Homemaker JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 2307 Chevenne tar tord 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE John Parlett Mary Crapster 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166. SOCIAL SECURITY NO. LYES, NO OR UNKNOWNS 1210 Cox Street No Edna Bales APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH | Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate underlying CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 216 TIME OF INJURY 21c HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR P.M. 21d. INJURY O 21e PLACE OF INJURY 21f LOCATION AT HOME STREET, FACTORY, OFFICE FARM ETC) COUNTY 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an abave, (1) (y e) (did) (did not) view the bady after death _, and that in (my) (aur) apinion death accurred on the date and hour and from the couses stated DEGREE 22c. DATE SIGNED ATTENDING STAFF PHYSICIAN -DIRECTOR PHYSICIAN 22ª ADDRESS 23c. BURIAL, CREMAT Burial 06/04/85 Moreland Memorial Park Parkville, Balto. Co.

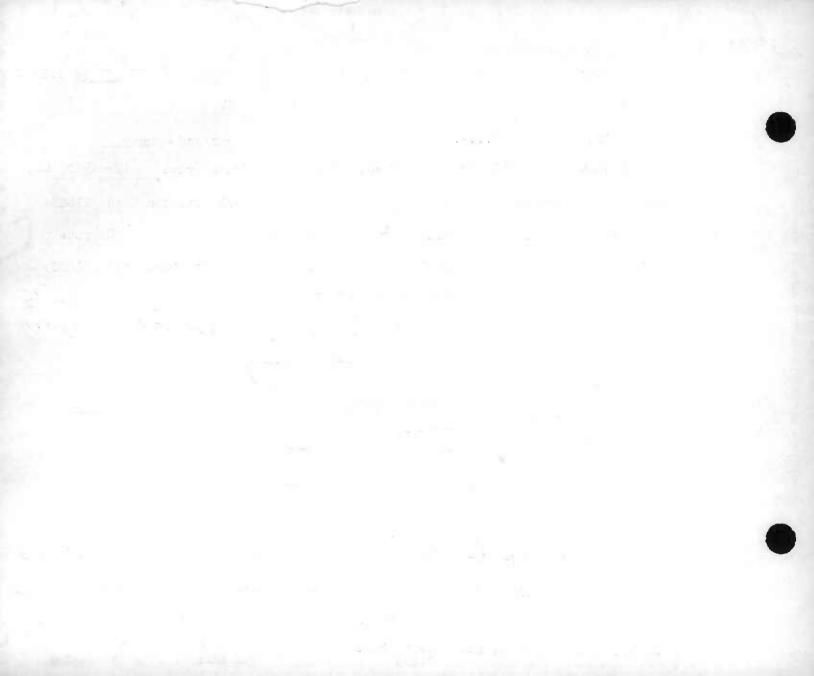
DHMH - 16 60M 7/84 (VRA 15, 4)

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24 FUNERAL DIRECTOR

Burgee-Henss Funeral Home, 3631 Falls Road21211

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4 moy	a: SE:		ľ	RACE		MONTH 12	2 ^{DAY}	2 ^{YEAR}		MC	NIHS DAYS	
director.		Male		Whi			27	27	57	YRS.		
Po di	1	RTHPLACE (STATE OR FO		CITIZEN OF	WHAT COUNT	RY? 8 MARRIEI	NEVER	MARRIED -	9. BALTIMORE CIT	Y OR COUNTY O	OF DEATH	
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the funeral d within 72 th	10. €	ITY OR TOWN OF DEAT	Н 1	1. NAME OF H	OSPITAL, NUI	RSING HOME C	R OTHER INS	TITUTION	12a USUAL OCCU	PATION OST OF WORKING LIFE)	INDUISTRY	OF BUSINESS OR
S e e		Fallston		Falls	ton Ge	neral H	ospita]		Truck D		Trucl	king Co.
5 e s 2	USU.	AL RESIDENCE (IF NURSIN	IG HOME OR O	THER INSTITUTION	GIVE RESIDENCE BE	EFORE ADMISSION)	13d. INSIDE C	ITY HANTS?	13e.STREET ADDRE	SS / ZIP CODE		
old in	Ma	aryland	Harf	ord	Jopp	a	YES [NO X	2303 St	ockton R	oad :	21085
/I with I	14. F/	THER'S NAME			LAST			S MAIDEN NA	AE MIDD			AS1
は地域と		Car1	Ê	DDLE		ce, Sr	N	le Ivina	MIDD	it.	Unki	nown
1 81-0	16a \	VAS DECEASED EVER II			166 SOCIAL S		17 INFORMA		AC	DRESS		
Poon &	- (YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	220-	20-3093	Ella F	R. Bruce	e 2303 St	ockton R	oad 2	21085
5 o b	H	18 CAUSE OF DEATH	Enter only	one couse per			3 4 -	-				XIMATE INTERVAL
g physici conpoper removal.		PART I. DEATH WA		BY:	pr	boble	V. 1					munetos
00000			MMEDIAIE	CAUSE (0)	AS A CONSE	A ILIVERSION	()	4 .	4	01	L	
e death ce cottendin mave carb nation, ar		Conditions, if ony,	Which	DUE 10, OI	R AS A CONSE	TICV	1) -	1 lles	conde	y Spa	eth	guy
of the deat y the otten se remove c cremation, ther troum		gove rise to imme	ediote	10)		OUT OF OF	0	1		1		
that the d by the ease remol, crem		underlying couse		DUE TO, OF	R AS A CONSE	QUENCE OF	Jus	The	n			
or or		PART 2. OTHER SIGN	IFICANT CO	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR C	ONDITION GIVE	N IN PART I	10
quire sign Then to bu	N N			_								
nos been permit. In priori ves ony in	CERTIFICATION	190 DATE OF OPERAL	ON	19b. CONDI	TION FOR WH	IICH OPERATIO	N WAS PERFO	DRMED	20e AUTOPSY?	20b. IF YES,	WERE FIND	INGS USED S OF DEATH?
hos hos	ΙĔ								YES NO	YES		NO [
F 0 0 0 0 C	1 8	210. ACCIDENT WAS UNDE	RLYING	21b. TIME O			21c. HOW IN	JURY OCCUR	ED (ENTER NATURE OF	MUNT IN ITEM 18 PAI	RT + OR PART 2)	
ng physicin certificate certificate entol-transiti	CAL	OR CONTRIBUTING C		HOUR A.		DAY YEAR						
And Me	MEDIC	21d. INJURY OCCURRI		21e. PLACE	OF INJURY		211. LOCATI				COUNTY	STATE
ING PH of other than of the lith and lith and	×	WHILE NOT WHILE	E	(AT HOME, STR	EET FACTORY OF	ICE, FARM ETC)	STREE		CITA	NWOT RC	COUNTY	STATE
o o o o o o o o o o o o o o o o o o o		220.1 certify that (I) (al) ottended the	e deceased fro	om I		19	to	1	9	, that (I) (we) last
OR OR		sow the deceased	d olive on_) 1		d that in (my		deoth occurred an t	he date and hour		
RECI RECI Ppt. o		obove, (I) (we) (di 22b. SIGNATURE	d) (did not)	view the body	otterfdeath.	-	DEGREE				22t. DAT	E SIGNED
the Dill		1	Jean	1/- 1	au	W		ATTENDING PHYSICIAN	ORECTOR PH	STAFF	6-	25-85
by by ERA	1	22d. PHYSICIAN'S NA	ME (TYPE OR	PRINT)			22e. ADDRES	SS E	DIRECTOR	TSICIAN		
O HOSPITAL O HOSPITAL TO FUNERAL With the State MPORTANT:		Doom T	Mag	M	D		2002	Deels Co	andma Dd	Famout 1	7.11	M4 2105
TO HOSPITAL (retained by the TO FUNERAL Eshould be detained to the State ElimphoRTANT: If	220	BURIAL, CREMATION, R		sar, M.		23c, NAME OF C			23d LOCATION	rorest	14119	Md. 21050
	7.30.	(SPECIFY) Burial		6/28/				Cemeter	CITY OF TOW	ore	COUNTY	Maryland
BP	24 F	UNERAL DIRECTOR	-					25a DAT	E REC'D. BY REGIST			
DHMH - 16 50M 4/83 (VRA 15, 4)	1	Hubbard Fur	eral	Home, In	nc. 410	7 Wilke	ns Ave	· .111M	2 6 1005	POR		5
(4107 15, 4)					2	1229		10014	- D 1305	O TOPICE	Z.Coophungh	And 69



			STATE OF MARYLAND		
1-	FOR STATE		T OF HEALTH AND MENTA MINER'S CERTIFICATE	OF DEATH	1/401
	REGISTRAR ECEASED NAME FIRST		LAST	2a. DATE KNOW	G. NO. FAR 26 HOUR
(1)	CHAR.	LES OLIVER	Buch Se	OF ESTI- DEATH MATE	
3. SE		5. DATE OF BIRTH 6. AC	E (IN YEARS IF UNDER 1 YR. IF UND	DER 24 HRS. 2c. DATE	MONTH DAY YEAR 2d. HOUR
M	INTE White		T BIRTHDAY) MONTHS DAYS HOURS	MIN. PRONOUNCED DEAD	19
	BIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MA	RRIED 9. BALTIMORE C	ITY OR COUNTY OF DEATH
1	MARYLAND	U.S.A.		DRCED A Harford	
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		120. USUAL OCCUPATION FOR MOST OF WORKING LIFE	
	Allston	FAIISTON GENETA	H Hospital	WESHANIC	Trucking
13a.	STATE IND CO	OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE DUNTY 13c. CITY OR TO	OWN 13d. INSIDE CITY LIMITS	? 13e. STREET ADDRESS	Danto
_		timore Con Kingsvi	NE (21087) YES NO		Hir Road 100
14.	FATHER'S NAME	Sames Bullast	15. MOTHER'S MA	MIDDLE	GATES
160	WAS DECEASED EVER IN U.S.		FCURITY NO. 17. INFORMANTS	100 MM 20/0 ADD	DECC
(GIVE WAR OR DATES)		11 7 11 600	mountain Road
-		r anly one cause per line for (o), (b), and		2 1- ONIL 1-17	Uston, Maryland 2104'
	PART I DEATH WAS CAU	JSED BY:		DISGASE	BETWEEN ONSET AND DEATH
	IMMEI	DIATE CAUSE (0). DUE TO, OR AS A CONSEQU			
	Conditions, if ony, wh		ZIENLAZ QUA	PRIGEMANY	ONE HOUL.
	cause (a) stating the und				Array.
	lying cause lost.	(c)			
_	PART 2 OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN II	Y PART 1 (c).	
CERTIFICATION	CHPO			MY DUEASE	-
CA	19a. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED?		20. AUTOPSY?
RTIF	21g EXTERNAL CAUSE WAS	216. TIME OF INJURY	HIA		YES NO 2
IL CE	UNDERLYING OR CONTRIBUTING CAUSE		YEAR ZIG. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED	OF DEATH P.M. N. ATT	19 21f. LOCATION	N/A.	
ME	WHILE NOT WHILE		STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK	/ "/			
		norge of the remain described abave, he		7	and in my opinion
	deoth resulted from: N	otural causes Accident ,	Suicide Homicide	. Undetermined manner	∟,
	ACTUAL GAM	ish nuch	TITLE (SPECIFY)		DATE 6.30.VI
	SIGNATURE		M.D. ASST	MEDICAL EXAMINER	SIGNED 6. 24-85
	EXAMINER'S NAME (TYPE OR PRINT)	ANESH 5 PRAS	HO ADDRESS 740	MILTON AUF	FALLSTON 21047.
23a. l	BURIAL, CREMATION, REMOVA		OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	
-	Burial	July 1, 1985 BEI A:	- MEMORIAL GARdENS	Bel Air, Harfor	Maryland 21014
24.	SUMERAL DIRECTOR	Ster 50 W. Brondway		TEL REC'D. BY 3 G 1985 256	FERENCE STEEN STATE OF THE STAT
<	Joursey William Fo	E BELLIC, Many	and 21014		

Mary War of The House of the Control Cole (C.S. Cont. C.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 175052 I. DECEASED NAME O. DATE KNOWN TO MONTH (TYPE OF PERMIT ROBERT ESTI-LEE BUNNER DEATH MATED 4. RACE ISSEX 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 5. DATE OF BIRTH DATE LAST BIRTHDAY) MONTHS PRONOLINCED 12 23 Male 61 DEAD White A BIRTHPLACE (STATEON 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS MARFORD USA DIVORCED West Virginia WIDOWED CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)
Ret.-Foreman Beth. Steel HOSPITAL PALLSTON GENERAL FIF IN NUMBER OF OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONAL Dunnel Len All. NOXX 8695 SW 263 Terrace Rd. 32620 LIL COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LOU Rutherford Bunner Fmma Anderson George 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS'Orest Hill 21050 16b. SOCIAL SECURITY NO. YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 234-26-1071 Elizabeth K. Bunner 3013 Andover Rd. WW 11 Yes 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: DISEASE ARIERY CORONANY IMMEDIATE CAUSE (o)____ DUE TO, OR AS A CONSEQUENCE OF 4.00 PM Canditions, if ony, which MYOCARDIAL CONFANCTION : gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CANDTID ENDARTECTOMY 1% DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO I 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR - /A CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY TATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.1 WHILE AT WORK COUNTY 22a. I certify that I took charge of the remains prescribed above, held an Autopsy Inspection and in my apinian death resulted fram: Notural causes Accident Hamicide _____ Undetermined manner TITLE (SPECIFY) 6.14.85 MEDICAL EXAMINER EXAMINER'S NAME G.S. PRASHW PALCSTON GEN . HOSPITAL TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Harford Md. Bel Air Memorial Gard. 6-17-85 Burial 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 11750 Belsie Rd. DHMM 17 Banda 92 (VR.A15 ME (5)) KINGSVILLE, MD 21087 15M 7/77

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

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9		1	•	Ab	
REG. NO.				140	

		110.0111				REG. NO.	
1		CEASED NAME FIRST		MIDDLE	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	[1476	HKthu;	0	B	urgean	June	16 1985 3.30 M
1	3. SEX		RACE	5. DATE C	1000	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
J		Male	Whi	te Marci	h 10 1906	79 YR	MONTHS DAYS HOURS MIN.
1			b. CITIZEN OF	WHAT COUNTRY? 8	X	9. BALTIMORE CITY OR COU	
Ä		Connecticut	1154	MARRIE		HORFORD	MD.
1	III CI	H OR TOWN OF DEATH		HOSPITAL, NURSING HOME C		12a. USUAL OCCUPATION	126 KIND OF BUSINESS OR
1	Han	me de GRACE	Har for	HEACILITY, GIVE STREET ADDRESS)	Hospital	Retired	G (IFE) INDUSTRYS. Navy
1		AL RESIDENCE (IF NURSIFE IN THE		GIVE RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIAUTS?	124 STREET ADDRESS / 7IR CO	ODE
j	All	ryland (eci	L	Perryville	YES NO	#32 Simmons 2	ane, 21903
J	II FA	THER'S NAME	UDDIE	- LAST	15. MOTHER'S MAIDEN NA	ME	de last
1	1	Philip	J.	Burgess	Martha	Model	Bement
1			NED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
1		Yes (IEVES GIVE	/	461-46-1543	Mrs. Helen M.	. Burgess 32 Si	immons Lane, 21903
ı		18 CAUSE OF DEATH Enter only	y one cause per	line for ray, (b), and rc			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		PART I. DEATH WAS CAUSED	BY: CAUSE (o)	Elechomechon	nion Lisso.	station of Card	iae ruen
1	15.	070712.27771		R AS A CONSEQUENCE OF		/	
1		Canditions, if any, which	(L)		4ndrome.	ASCUD.	
1		gove rise to immediate couse (a), stating the	10)		1		
1		underlying cause last.	DUE TO, OI	R AS A CONSEQUENCE OF			
ı		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	UNAL DISEASE OR CONDITION	GIVEN IN PART 1:0
ı	8						OTTEN TO THE TO
d	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH OPERATIO	N WAS PERFORMED.		YES, WERE FINDINGS USED
1	FFIC	10 m				YES TO NOTE IN CE	RTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
1	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	
1		OR CONTRIBUTING CAUSE OF DEAT	"	M. MONTH DAY YEAR	- 1455 C		
١	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.: 21e. PLACE		211 LOCATION		
1	ME	WHILE NOT WHILE		REET, FACTORY, OFFICE, FARM, ETC)	STREET	CITY OR TOWN	COUNTY STATE
1		AT WORK		6-14	1 - 08	A-16	
ı		220 I certify that (1) (this hospitors saw the deceased alive on _	-		. 19_00	, to	, 19, that (I) (we) last
1	21	obove, (I) (we) (did) (did not)	view the body	ofter death.		beath accurred an the date and	hour and from the couses stated
1		226. SIGNATURE			DEGREE ATTENDING .	MEDICAL STAFF	220 DATE SIGNED
4		1000		^	1). PHYSICIAN	DIRECTOR PHYSICIAN	0 10 0
		22d. PHYSICIAN'S NAME (TYPE OR			120 ADDRESS	APA RAAA CI	ALLSTON MD.21047
1		B-D- PAREUH	MD.		1708 171472.1-	UKI) KUITU, I'I	10101010101017
		URIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY Wandabi
		Rusial	19.000 1	0 1085 Nonth 8	gat Mathadiint	North BOEL	- mary aug

O FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

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en neerticus et nea Gorange a 32 sevena cares 1003 while weit on very erent interes ! LUNCEAN illin 19 11 461-68-1763 . M. relen W. dunces 32 Simons Lune, 21 08 durial un 191 conth at who is and evil randonal standard standard standard standard standard standard standard

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYG

182041	1.	FOR STATE REGISTRAR			DEPA	RTMENT OF H	EALTH AND MENTAL H	HYGIENE 3 FREG. NO.	7 4 0 4
4 moy be 3 ifter death			PIRST A	RACE	ay	Chan S. DATE C		20. DATE OF DEATH MONTH I	785 2b. HOUR 30
oge ,	1	FEMALE		WHITE			ST 19, 1906	78 YRS.	
deoth. P		RTHPLACE (STATE OR FOODWARY) MARYLAND	OREIGN 7b	CITIZEN OF USA	WHAT COUNT	RY? 8 MARRIEI WIDOWE	D NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH MD
us ofter of	14/	Wre de Gr	ace 1	HACT	MACILITY, GIVE ST	PENI	LOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOMEMAKER	12b. KIND OF BUSINESS OR INDUSTRY
fill to	13a :	MD	HARFORE		13c. CITY OR T		134 INSIDE CITY LIMITS	221 BLOOMSBURY AVE	
ited whhii) 5	henry	H.	DDLE	PRIC	Œ	15 MOTHER'S MAIDEN FIRST SADIE	NAME	EVANS
on ond s		VAS DECEASED EVER YES, NO OR UNKNOWN) NO	U.S. ARME		16b. SOCIAL SI 214 34 4		STANLEY BACZE	ADDRESS ESKI 628 FOUNTAIN STREE	T HdH, MD. 21078
requires that the death certifi no signed by the attending pl Then please remove carbone or to burial, cremation, or remaining, or other troumatic eve	NO!	Conditions, if ony, gove rise to imm couse (0), stating underlying couse	which ediote the lost	DUE TO, O DUE TO, O (c)	R AS A CONSE	OUENCE OF	Diluste NOT RELATED TO THE TE	La La La Laser ERMINAL DISEASE OR CONDITION GIVE	EN IN PART Ito
The low cion. te hos been sit permit giene price shows ony	CERTIFICATION	196. DATE OF OPERAT				ICH OPERATIO	N WAS PERFORMED	YES NO NO YES	, WERE FINDINGS USED YING CAUSES OF DEATH? 5 NO
(SICIAN: Titing physicial certificate unal-transit Aental Hygin item 18 sh	MEDICAL CE	216. ACCIDENT WAS UNDO	AUSE OF DEATH ALEXAMINER)	Ρ.	M. MONTH M.	DAY YEAR 19		URRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT T OR PART 2)
ING PHY r offer this os the b th ond A orked or	MEC	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	E 🗆	(AT HOME STE	OF INJURY EET, FACTORY, OFFI	CE, FARM, ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTEND ospital or ECTOR: A for use if of Heal	1	270 I certify that (I) sow the decease	d olive on	6-0	73 19	85, on		on death occurred on the date and hour	
HOSPITAL OR inned by the h PUNERAL DIRING Bedetoche h the Stote Description or Stote Description of the Stote Description		22d PHYSICIAN'S NA	ME ITHE OWN	W	1 do	nu	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF	22c. DATE SIGNED
retoined I		+RVi	u L.	Wac	Ismal	/	407 5.6	INION Ave: Harres	le Grace, M7
BP	(URIAL, CREMATION, F SPECIFY) BURIAL	REMOVAL	236. DATE 27JUNE8			EMETERY OR CREMATOR	23d LOCATION CITY OR TOWN HAVRE de GRACE, HA	RFORD CO., MD.
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR NAME TCHELL FUNERA	L HOME I	PA, HAVF	ADDRES	CE, MD. 2		N 2.8 1085	AR'S SIGNATURE

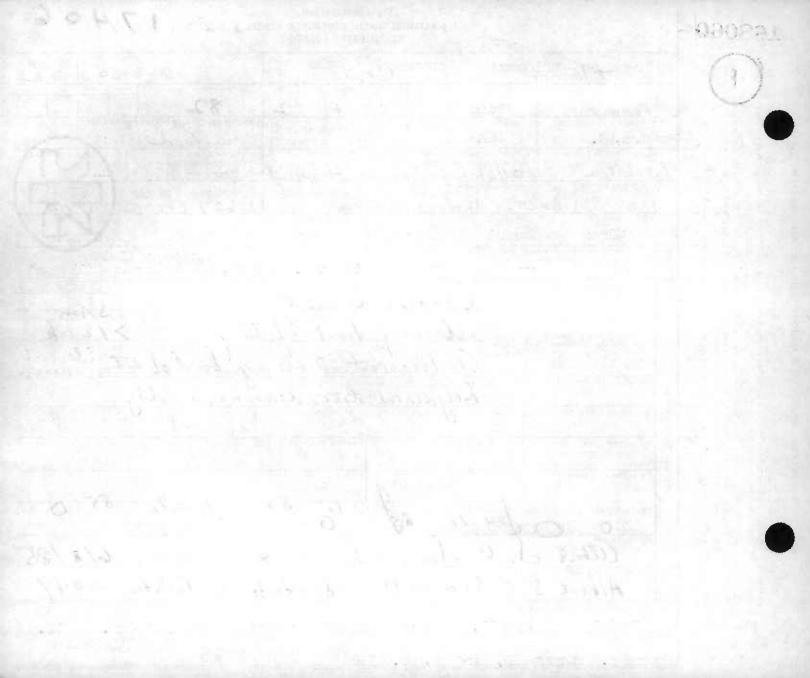
170017		FOR STATE REGISTRAR			EPARTMENT O	FHEALTH		L HYGIENE	REG. I	7 NO.	4) 5
S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D, WITHIN 72 HOURS		CEASED NAME PEOR PRINTI DIANA X 4. RACE	MONT	OF BIRTH	MIDDLE VMM YEAR LAST 8IRI ZO G G MIDDLE LAST 8IRI LAST 8I	YEARS IF UN		DER 24 HRS. 2c.	DATE KNOWN OF ESTI- EATH MATED DATE NOUNCED DEAD	□ MONTH □ G MONTH	DAY	YEAR 26 HOU
NECESSARY UNERAL DI S. FOR YOU WITHIN YOU		IRTHPLACE (STATE OR DREIGN COUNTRY)		-	AT COUNTRY?	8 MARRII WIDOW	D NEVER MA	9 B	ALTIMORE CITY	OR COUN		
DELAY IS N 3 TO THE FI AIN DO THE FILED. SPES, 201 W		BEL QUE AL RESIDENCE (IF IN NURS)	H 11. NA (IF N) ING HOME OR OTHER IF	OT IN SUCH FAS	ITAL, NURSING HO RITY, GIVE STREET ADDRES CHECKER ADDRES RESIDENCE BEFORE ADM	s) _	R INSTITUTION	FOR MOST	OF WORKING LIFE)	TYPE OF WORK	OR	D OF BUSINESS INDUSTRY
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	ATHER'S NAME	HARFO A	17	13c CITY OR JONE	ch.	YES NO	130 STREET A	DDRESS MIOOLE			AST
MATHRIER DANNERS DANNE	16a. \	WAS DECEASED EVER IN (ES, NO, OR UNKNOWN)	U.S. ARMED FOR IF YES. GIVE WAR OR D.	RCES?	tkovich		Catri 17. INFORMANT Mr. How	-0.	ADDRE	ss502	Ponde	erosa Dr.
201 W. PRESTON ST., ILAL UTED WITHIN 24 HOURE AV IN PENCIL IN ITEM 18. GIV EXAMINER ALONG WITH ITAL TRANSIT PERMIT. PAG J. MENTAL HYGIENE, DIVISE ON, OR REMOVAL.		Conditions, if an gave rise to in couse (o) stating the lying cause last.	S CAUSED BY: MMEDIATE CAUS y, which nmediote	E (a) DUE TO, OR A	Cip As a consequence	e of	omat	osis			API	PROXIMATE INTERVAL EEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. S CERTIFICATE SHOULD BE EXECUTED W. RITING THE WORD "PENDING" IN PEN PED TO THE CHIEF MEDICAL EXAMILE F. 3 SHOULD BE USED AS A BURIAL-TR F. DEPARTMENT OF HEALTH AND MEN! OI PRIOR TO BURIAL, CREMATION, OR	CERTIFICATION	PART 2 DTHER SIGNIFICANT C			UT NOT RELATED TO THE T			N PART 1 (a),				UTOPSY?
DIVISION OF VITAL R DIVISION OF VITAL R WARDED TO THE CHIEF WARDED TO THE CHIEF PAGE 3 SHOULD BE USED PAGE 21201 PRIOR TO BURIAL,	MEDICAL CERT	210. EXTERNAL CAUSE UNDERLYING OF OR CONTRIBUTING OF A 21d INJURY OCCURRE WHILE NOT WAT WORK AT WORK	NUSE OF DEATH	P.M.	INJURY MONTH DAY YE 19 FINJURY (ATHOME) DRY, FARM, ETC.)	21f. LOC	W INJURY OCCUI ATION REET		E OF INJURY IN ITEM			STATE
MEDICAL EXAMINER: CUTE THE CERTIFICATE SE 4 SHOULD BE FOR FUNERAL DIRECTOR: FR DEATH, WITH THE S					Accident ,	Suicide	Hamicide TITLE (SPECIFY) DEPUT	Undetermin		ond in my op], DATE SIGNI	6	-p-pr nedl
07/84 BP	(URIAL, CREMATION, REA SPECIFY) Burial UNERAL DIRECTOR		-1 985	23¢ NAME OF C		crematory ial Gard		air H	arford		Md. STATE
DHMH - 17 (VR A15 ME (5))		F.Lassahn,1	1750Bela	irRd.	ingsville	, Md. 21		JN 12 1		Cia Davi		fandett.

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STATE OF MARYLAND

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DEC NO		

168060	1-	FOR STATE REGISTRAR		DEPARTN	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 304617 REG. NO.	74406
		CEASED NAME FIRST E	Eleanor M	argar	ret Coale	20. DATE OF DEATH MONTH	8-85 Jam
	3. SE:		4. RACE White		5. DATE OF BIRTH MONTH DAY YEAR OF 21 OF 1	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
oth. Pog		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	DUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
the fundamited		ITY OR TOWN OF DEATH			WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	MD. 12b. KIND OF BUSINESS OR INDUSTRY
t hours after ed in by the d be filed wi	USU. 13a S	AL RESIDENCE (IF NURSING HOME OF TATE		OR TOW		Housewife 130 STREET ADDRESS / ZIP CO	
within 2.	14 FA	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN N		TIR ROL MD
executed wand comple		Wilmer VAS DECEASED EVER IN U.S. A	Daniel S.	heppe	rd Mary	Alice	Watson
S. Pe	nc			nown	Wilmer T.She	epperd, 200 Patte	21014 erson Mill Road
certificate ng physic bonpope removol.	8	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (o)	rde	ac arrest		BETWEEN ONSET AND DEATH
ottendi nave cor otion, oi froumati		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A C	NU		edión.	> 1 week
that the d by the eose ren iol, crem		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CO	ONSEQUE	restrict blee	sing bowel of	trating Several
requires	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ing to d	EATH BUT NOT RELATED TO THE TER	nentia, Senel	Ly.
n. n. has be permine prime	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF IN CER	YES WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{YES} \)
PHYSICIAN: The ending physical this certificate he buriol-transit plan dar them 18 shoot dar them 18 shoot		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MO		Y YEAR	RRED (ENTER NATURE OF INJURY IN ITEM)	8 PART OR PART 2}
ottendin ottendin ter this os the bur h ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJUR (AT HOME, STREET, FACTOR	Y RY, OFFICE, FA	RM ETC	CITY OR TOWN	COUNTY STATE
TENDIN or use of thealth		22a 1 certify that (1) (this has	V . /4	1	and that in (m) (our) opinio	n death occurred on the date and h	, 19 , that (1) (we) last
TAL OR AI y the hosp RAL DIREC detoched f fote Dept. o	226. SIGNATURE DEGREE 221. DATE SIGNED						
TO HOSPITAL (retained by the TO FUNERAL E should be detoo with the State E IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE	S.C. SUN	, m	Pod /	DIRECTOR PHYSICIAN	21047
	23a 8	URIAL, CREMATION, REMOVA SPECIFY)			AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		Burial JNERAL DIRECTOR	June 11,198	5 Pr	ospect Hill Cemet	ery Towson F	Balto, Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		ward K. McComa		address	d. 21009 JUI	ATE REC'D. BY REGISTRAR 25h, REG	ander-Randale



njury, or other troumotic event, the medical

MPORTANT: If Hem 21 is morked or Item 18 shows any

Howard K. McComas III, Abingdon, Md. 21009

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8
CERTIFICATE OF DEATH	

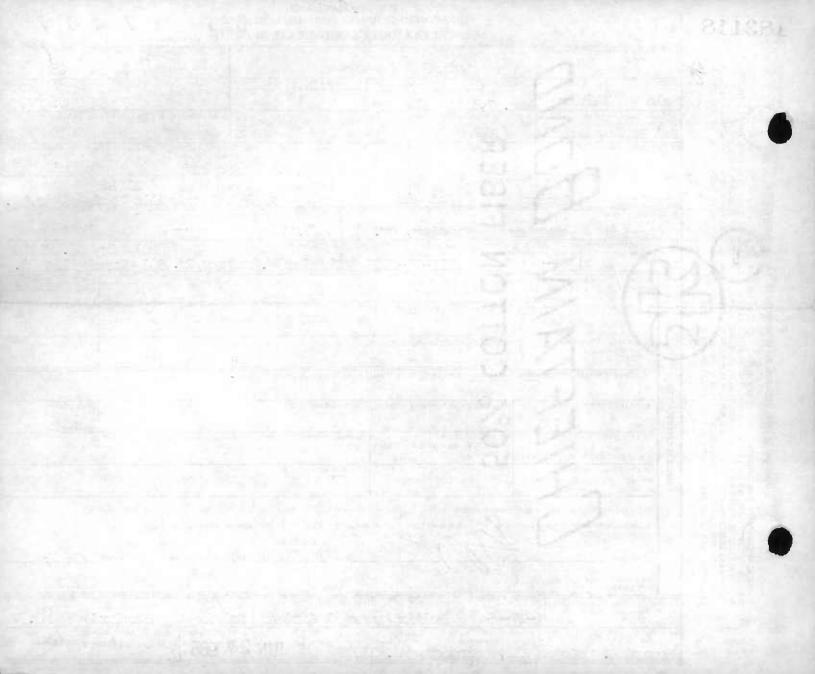
	FOR STATE REGISTRAR	DEF	PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8 5	1/40/		
ī	DECEASED NAME PIRST (TYPE OR PRINT)	ROBERTA	Coes	JUNE 20	1985 3-AM		
1	3. SEX	4.RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.		
1	remote	White	Aug 7, 1918		YRS		
•	Maryland	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	INIT OF DEATH		
ł	I CITY OR TOWN OF DEATH		WIDOWED DIVORCED [12a USUAL OCCUPATION	MD. 12b. KIND OF BUSINESS OR		
V	HAUre de Grace	AUTO IN SUCH ACILITY, GIVE	STREEM (SM. Hospital	Receptionist	KING LIFE) INDUSTRY		
	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COL	JNTY 13c. CITY OF	R TOWN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE		
4.	Maryland Harf	ord havre	de Grace YES X NO [134 Armstrong	g Avenue 21078		
ľ	Floyd	(nmn) Noona	ST FIRST	Roberta	Scarborough		
t	60. WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	L SECURITY NO. 17 INFORMANT	1DDDECC	nurchville, Md. 21028		
ı	NO (YES, NO OR UNKNOWN) (IF YES, G	164-1	2-7546 E.Michael V	ogel, 2907 Whit	refield Rd,		
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse io), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0						
	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED				IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO		
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	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, C	1 00 0	CITY OR TOWN	COUNTY STATE		
	sow the deceased alive a	220.1 certify that (I) (this haspital) attended the deceased from 19 19 19 to 20 19 19 19 19 19 19 19 19 19 19 19 19 19					
	22b. SIGNATURE						
		0					
t	23a BURIAL, CREMATION, REMOVA	AL 23h DATE	23¢ NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION			
	(SPECIFY) Burial	June 22, 1985	BelAir Memorial Gar		Harford Md.		
1	24 FUNERAL DIRECTOR		25a. D	ATE REC'D. BY REGISTRAR 25b. R	EGISTRAR'S SIGNATURE		

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

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2 m m m m m	ID C	ITY OR TOWN	OF DEATH	11. NAME OF HOS			E, OR OTH	ER INSTITUT	TION	12a USUAL C	OCCUPATION OF WORKING LIFE)	(TYPE OF WORK	126 KIN	ID OF BU	SINESS
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AND AND RETA		ryland	Harfo		Bel	Air		YES 🔲	NOX	501 C	urchvi			elAi	r.Md.
0 = N.W.W.		ATHER'S NAME						15. MOTHE							
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S PASSE		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)													
DIVISION OF VITAL RECORDS, 201 S CERTFICATE SHOULD BE EXECUTE RETING THE WORD "PENDING" IN A RED TO THE CHIEF MEDICAL EXA RES SHOWED BE USED AS A BURRAL E DEPARTMENT OF HEALTH AND M OF PRIOR TO BURIAL, OREMATICAL	1.	PART 2 OTHER 51	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	ATED TO THE TERM	INAL DISEASE	DR CONDITION	GIVEN IN PAR	RT 1 (a).					
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PER DIA	1	EXAMINER'S	NAME Great	ory R. Kar	uffma	n. M.D			111 P	enn St	., Balt	-O- M	D 213	201	
TO MEDICAL EXAMI EXECUTE THE CERTIF PACE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH BALTIMOSE, MARYU	77. 0	TYPE OR PRI	TION, REMOVAL 2			NAME OF CEA		ADDICE ST		23d. LOCAT					
Pareda	730.8	SPECIFY)								CITY OR TO	WN		YTMU	ST	ATE
07/84 BP		Jurial UNERAL DIREC		5-27-85	Re	lAir M	emori	al Gai		BelA	ICTRAD TOSE D	Harfo	SICHIATII	201	d.
DHMH - 17		NAME		ADDRESS							/ /	ia David	50n-A	andel	2.
(VR A15 ME (5))	Ho	ward K.	 McComas 	III, Abi	ngdor	n, Md.	21009)	JUN	418	85 gui				



22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 72e ADDRESS should be with the MPORT 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Wed.6-26-85 Betheny Church Cemetery Independence, Grayson-Virginia Burial BP 24. FUNERAL DIRECTOR DHMH - 16 60M 7/84 Howard K. McComas III, Abingdon, Md. 21009 Time Davidson Randall (VRA 15, 4)

STATE OF MARYLAND

VEAR

INDUSTRY Construction

Farmer.

COUNTY

STATE

21154

26 HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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their relief willier note: Twee Learn Command of the William St. March and St.

J. L. L. Dy all Lancon, TOV. Translater, J. P. Marches L. W. Dr. , acomos Life you L. L. L.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

- STATE REGISTRAR

DEPARTMENT OF HEALTH CERTIFICATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE S
CERTIFICATE OF DEATH

1	7	4	1	2
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256. REGISTRAR'S SIGNATURE Julia Davidson Andale

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REG. NO.

			IRST	MIOOLE	LAST	Zo DATE OF I	DEATH MONTH	OAY YEAR	26. HOUR
	(TYPE	OR PRINT)	orence	I. T	ilworth		6-18-	85	Z: 00Am
	3. SEX		4 RACE		ATE OF BIRTH	6 AGE (IN YEA	RS LAST BIRTHOAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	6.00	Female	Whi			3	92 YRS.	MONTHS DAYS	HOURS MIN.
5		CTHPLACE (STATE OR FORE	IGN 76 CITIZEN OF		ARRIED NEVER MARRIE	9 BALTIMOR	E CITY OR COUNTY	OF DEATH	
		MD.	V		DOWED NORCE		17/114-0	114)	MD.
1	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING HO	OME OR OTHER INSTITUTIO	12a USUAL O	CCUPATION OR MOST OF WORKING LIF		BUSINESS OR
0		BELAIR	610 0	ld Orchard F	d. 21014	House	wife	Homem	aking
5	USUA 13a. S		HAGOLO	1. GIVE RESIDENCE BEFORE ADMIS 131. CITY OR TOWN BELAIR	YES NO [610 0	odress / zip code ld Orchard		1014
0	14. FA	THER'S NAME Philip	Joseph	FITEPATRIC	15. MOTHER'S MAID	garet	Mogglen	CLI	ARK
1		AS DECEASED EVER IN		166 SOCIAL SECURITY	NO. 17 INFORMANT		ADDRESS		
	(1	ES, NO OR UNKNOWN)	IF YES, GIVE WAR OR DATES)	216-1059	99 Paul Sui	llivan 21	Powell Ave	. 21014	
		18 CAUSE OF DEATH	Enter poly one cause no	r line for to t (b) and (c) A		1			ATE INTERVAL
		PART I. DEATH WAS	CAUSED BY:	(ANDID!	W MON CHE	1 (INDENS		MM	in
		IM	MEDIATE CAUSE (0)	Chicapito	(ACC) TIMO CO TO	00000		VEN	41
				R AS A CONSEQUENCE	S.			mons	52
	-	Conditions, if any, w		ADCA				MACO	10
	1	cause (a), stating		OR AS A PONSEOURNCE	the VASCU	lan DIS	eare	non	וחול
	NO	PART 2 OTHER SIGNIFIC	HUMIC	ATTURE TO DEATH	FIBRIUAN	E TERMINAL DISEASE	OR CONDITION GIV	YEN IN PART 110	> .
3	CERTIFICATION	190 DATE OF OPERATIO	N 196 CON	OFFICE OPER	RATION WAS PERFORMED	20a AUTOF	IN CERTIF	, WERE FINDING YING CAUSES C	F DEATH?
	RTI			25.00.000	In noncentral			S []	NO 🗌
7		2)a. ACCIDENT WAS UNDERLOR CONTRIBUTING . CAU	HOUR	OF INJURY M. MONTH DAY	EAR ZIE HOW INJURY C	OCCURRED (ENTER NATU	RE OF INJURY IN ITEM 18 P	ART OR PART 2)	
	O.	(IF EITHER NOTIFY MEDICAL		.M.	19				
	MEDICAL	21d INJURY OCCURRED	LAT HOME S	OF INJURY REET, FACTORY, OFFICE FARM, E	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	_	AT WORK NOT WHILE						School Street	
		27s I certify that (I) (th	is hospital) attended t	he deceased from	19_	, to	<u> </u>	19, th	at (I) (we) lost
	100	abovy (f) (wr) (did)	on the date and hou	r and from the co	ouses stated				
	- 1	NE SIGNATURE	figure to the same of the same	1111	DEGREE			22c. DATE S	IGNED
1		MAL	11	IMU	ATTEND	ING MEDICAL	STAFF	1 61	8/80
1		174 PITTERTAN'S NAME	E (TYPE OR PRINT)	VVV	77e ADDRESS			- 11	
	1	Dr. Joseph	A Reinlas		2003 K	POCKSBRU	a Ro. 1	ocen Hic	L, MD ZIOJO
TIZ		URIAL, CREMATION, REA	MOVAL DATE	23c. NAME	OF CEMETERY OR CREMA				
	- {	SPECIF Burial	6-21	-85 St.	Stephen Ch.	Cem.	RIOWN Baltin	more. Ma	ryland

AOORESS 11950 Belie Rd 250 DATE REC'D. BY REGISTRAN 2 4 1985

DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIRECTOR

· LASSAHN Funeral Home

TO FUNERAL DIRECTOR:

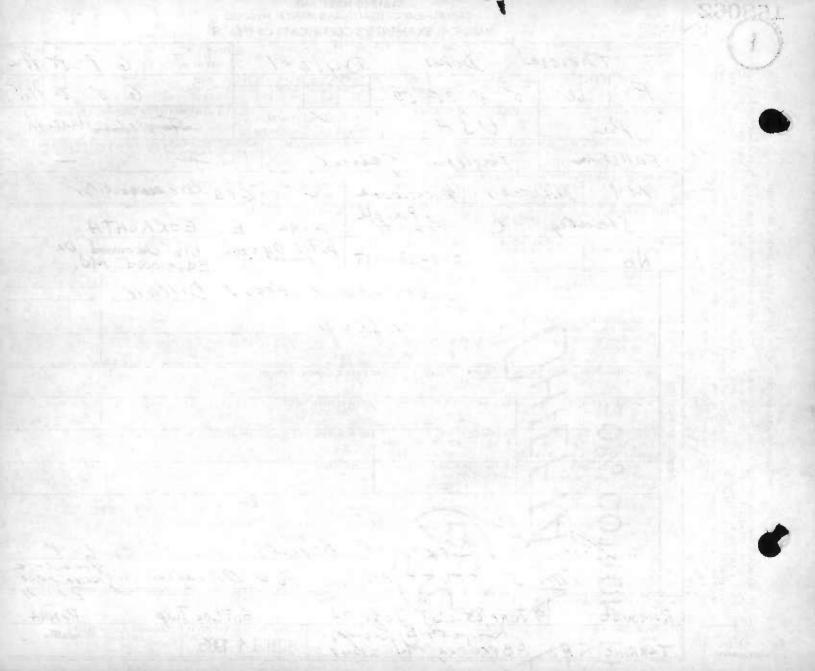
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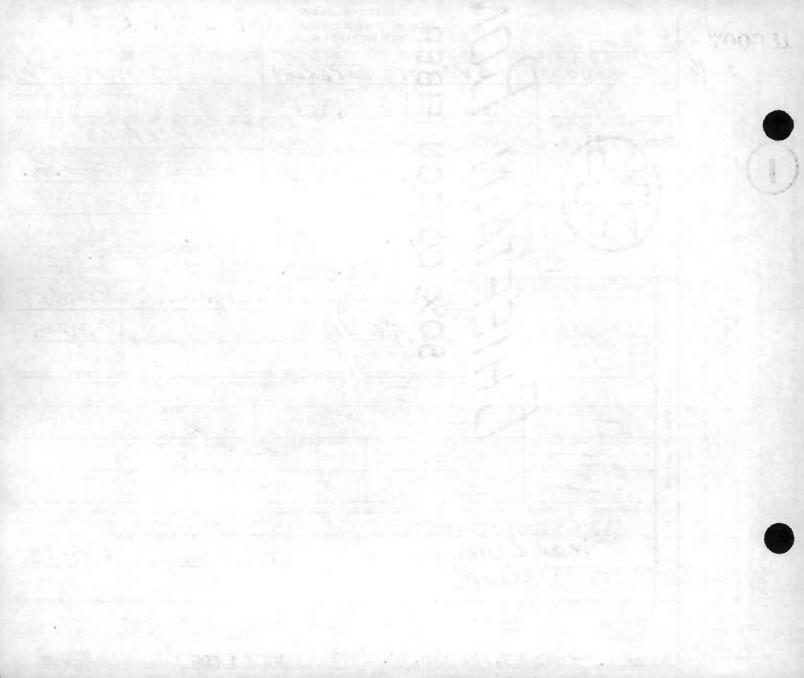
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SEX	(1	YPE OR PRINT) TO DE ESTITUTE DE PETITION DE LA PRINTIPIO DE LA
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186 WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. INFORMANT 18. CALL SECURITY NO. 18. SOCIAL SECURITY NO. 17. INFORMANT 18. CALL SECURITY NO. 18. SOCIAL SECURITY	130.	STATEM of 13b. COUNTY FORD 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? YES 1 NO 1 6/6 DECEMBER 375
THE CONTRIBUTION COUNTY STATE See Vision of County (6 vision for work of county 207 - 28 1138 11	120	Stanley C ferrill ANNA E. ECKROATH
PART I DEATH WAS CAUSE OB SY. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) storing the under- lying cause last. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GLATH BUT NOT RELATED TO THE TERMINAL OBSASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GLATH BUT NOT RELATED TO THE TERMINAL OBSASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GLATH BUT NOT RELATED TO THE TERMINAL OBSASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GLATH BUT NOT RELATED TO THE TERMINAL OBSASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GLATH BUT NOT RELATED TO THE TERMINAL OBSASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GLATH BUT NOT RELATED TO THE TERMINAL OBSASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GLATH BUT NOT RELATED TO THE TERMINAL OBSASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GLATH BUT NOT RELATED TO THE TERMINAL OBSASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GLATH BUT NOT RELATED TO THE TERMINAL OBSASE OR CONDITIONS GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTR	DIVISIO	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 108. SOCIAL SECURITY NO. 109. TOP TOP DATES 109. SOCIAL SECURITY NO. 109. SOCIAL SECURITY
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UNDERLYING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 220. I certify that I toak charge af the remains described above, held an death resulted fram: Notural causes Accident Notural causes Notural	FICATIO	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY?
220. Lecrtify that I taak charge of the remains described abave, held an Autapsy Inspection Inquiry	MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)
ROMOVAL 9 JUNE 85 ST JOSE PH BUTLER TUP COUNTY POWNA. 24. FUNERAL DIRECTOR 1250. DATE REC'D. BY REGISTRAR'S SIGNATURE. 1250. DATE REC'D. BY REGISTRAR'S SIGNATURE.		220. I certify that I taak charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion death resulted fram: Notural causes , Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) ACTUAL SIGNATURE
24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE 200.	230.	BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE
	24.	



Howard K. McComas III, Abingdon, Md. 21009

DHMH - 16 60M 7/B4 (VRA 15, 4)



- STATE REGISTRAR DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEAL CERTIFICA

241	MIN I	MIND		-	-
TH	AND	MENTAL	HYGIENE	8	Esta
TF	OF	DEATH		-	

Unknown

• RE	G. NO.			
20 DATE OF DEA	TH MONTH	DAY	YEAR	26 HOUR
	JUNE	5	1985	5-A
AGE (IN YEARS LA	ST BIRTHOAY)	IF UI	NDER 1 YEAR	IF UNDER 24 H

Jarford

E OR PRINT)	Jea	N A.	Eyr	15			JUNE	51	985
Х		4. RACE	5. DATE OF B	BIRTH		6. AGE (IN YEARS	LAST BIRTHOAY)	IF UND	ERIVE
\	Female	Nigro	MONTH 5	30	YEAR 24	61	YRS	MONTHS	DAI
IRTHPLACE	(STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	RY? 8	J MENED W	ADDIED D	9 BALTIMORE	ITY OR COUNT	Y OF DI	ATH

N.C. USA.

USUAL RESIDENCE

15. MOTHER'S MAIDEN NAME

13e.STREET ADDRESS / ZIP CODE

PLOF WORK FOR MOST OF WORKING LIFE)

126 KIND OF BUSINESS OR

Unknown

160 WAS DECEASED EVER IN U.S. ARMED FORCES

166 SOCIAL SECURITY NO 20-19

17 INFORMANT

ADDRESS

Marian Smith 727W. Lexington St.

1	B CAUSE OF DEATH (Enter only one couse per line for 10g/b and c. PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
	Conditions, if ony, which (b) DUE TO, OR A A CONSEQUENCE OF LAI I DEPARTMENT OF CONTROL	
-1	gove rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A DISEASE OF 1 0 5 along \$V \$	

190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION	N WAS PERFORMED
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED

P.M

(ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

20a AUTOPSY?

NO

CITY OR TOWN

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC | 22a.1 certify that (1) (this hospital) attended the deceased from

211 LOCATION

COUNTY

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

NO [

the deceosed alive an view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL

6/12/85

23c NAME OF CEMETERY OR CREMATORY Mt. Zion

Balltimore, Md.

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

8 sh

MPORTANT: If Ite

24 FUNERAL DIRECTOR William C. Brown 1206 W. North Ave. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

PRESTON ST., BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS, 201

\$30.00 Ju

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/83 (VRA 15, 4)

DIVISION OF VITAL RECORDS,

(SPECIFY)

Burial

23e. BURIAL, CREMATION, REMOVAL

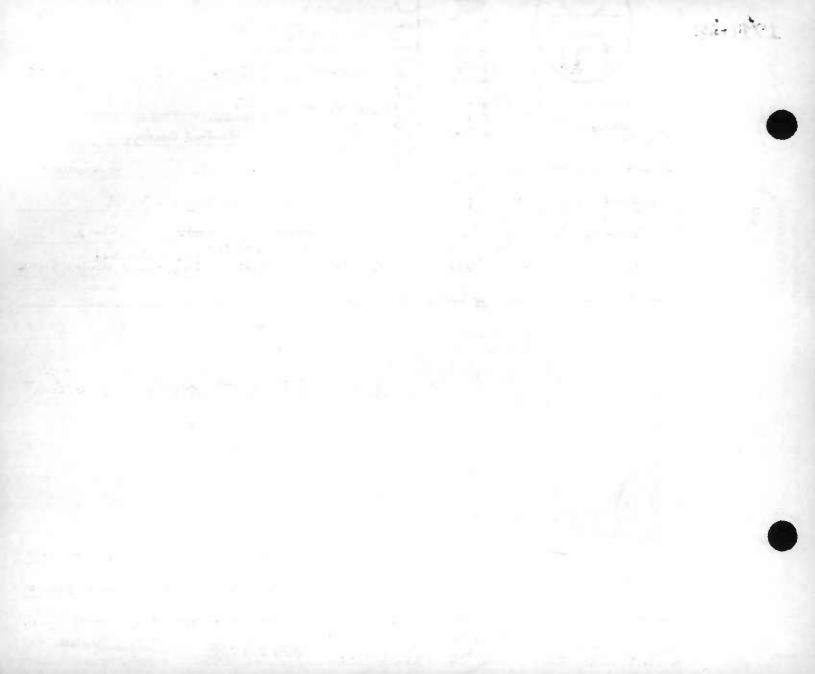
LEUNERAL DIRECTOR WILLIAM FOSTER BEL Air Maryland 21014 millielli frate

JUNE 14,1985

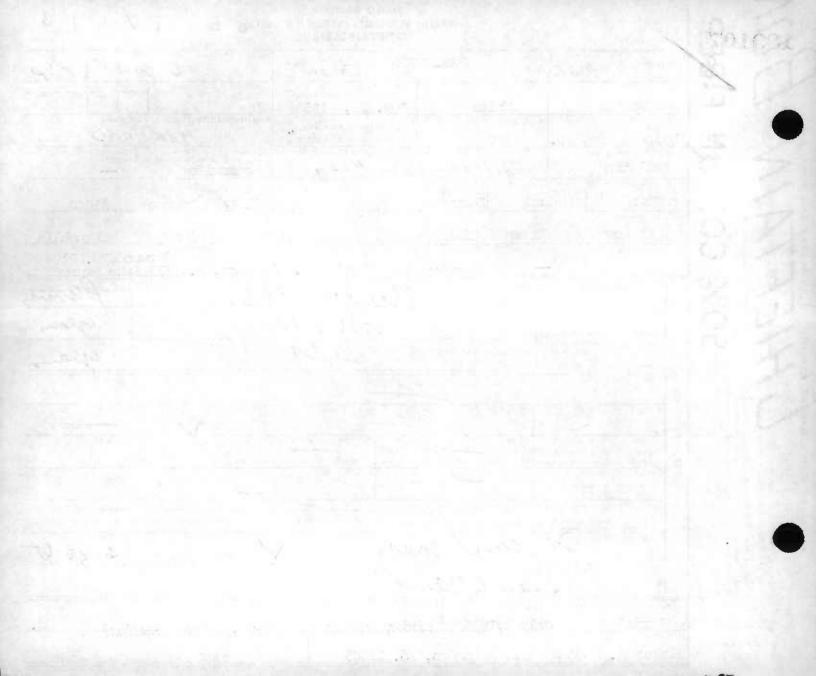
23b. DATE

Mt. Z.ON MEthodist Church CEM, Bel fir, Harford Co, maryland 21014 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 50 W. Brondway & Williams St.

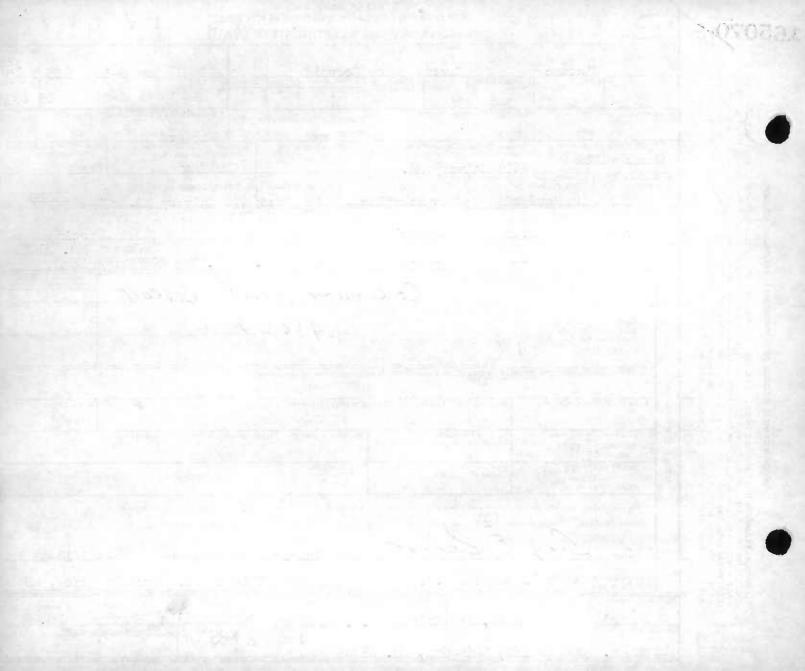
23d LOCATION

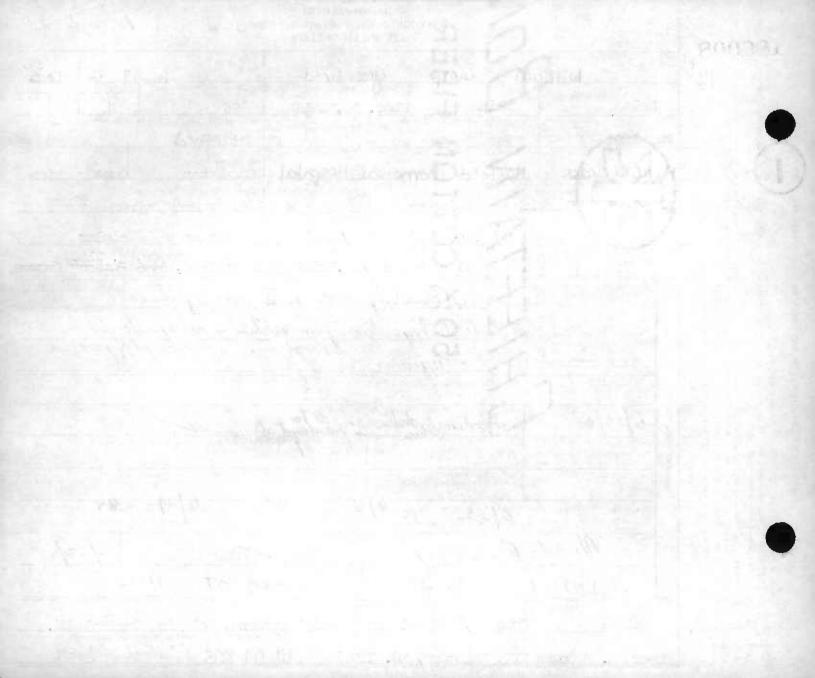


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9.5	WEEKS ST		TATE	13b. CO		ER INSTITUTION, GIV		OR TOWN	ION)	13d. INSIDE C	TY LIMITS?	13e. STREET A	DDRESS			
23.0	SAMOR		MD	н	arfor	rd	Chu	rchvil	10	YES 🗌	NO .		alvary	D.J		21028
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	35 4 N S S X		EXAMINER'S	NAME TILL	s E.	Renjel,	M D			/1	6/ AT	lianco	C+ U	narra D	o Con	ace, MD
	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFFE. DEATH, WITH THE STATEMORE, MARYLAND, 2120													avie D	e Gra	ice, MD
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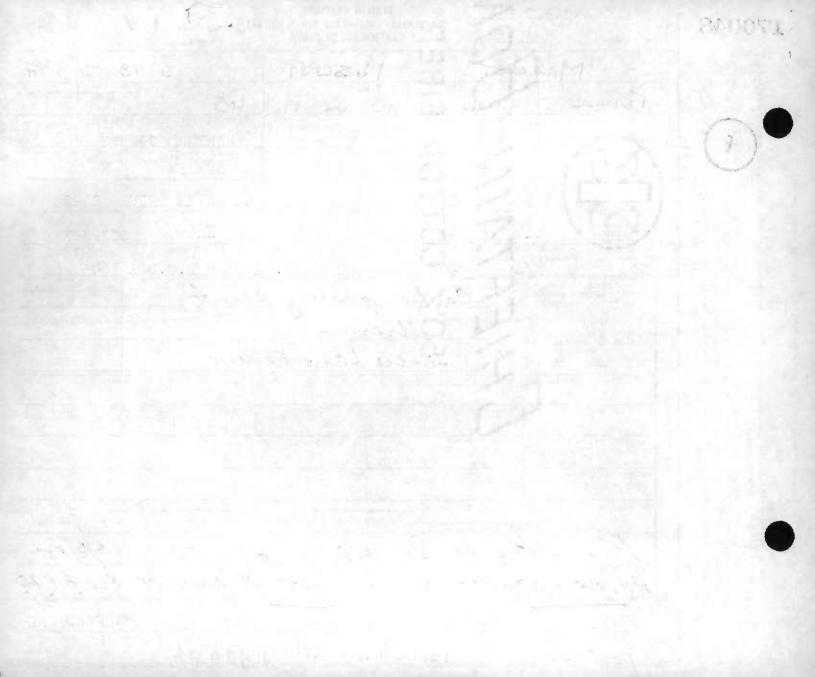
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eritor po	3. SE	FEMALE	4 RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR O Q YEAR	6. AGE (IN YEARS LAST BIRTH	(DAY) IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.
000	P	RTHPLACE (STATE OF FOREIGN COUNTRY) ENNSYLVANIA	76 CITIZEN OF WHAT COU	MARRIED NEVER MARRIED L	HARFORI	O COUNTY ME
	F	ALLSTON	FALSTON G	NURSING HOME OR OTHER INSTITUTION TESTREET ADDRESS HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIFE	
filled in falled in	13a S		OR OTHER INSTITUTION, GIVE RESIDENCE JNTY LLTO MID	DLE RIV YES NO A	6A MAPLE	DRIVE 21220
ompletely ond 2 sl	1	THER'S NAME FRANK	McN	ULTY 15. MOTHER'S MAIDEN N	WIDDLE	STIFLER
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rtificote I physicio on popers emovol		PART I. DEATH WAS CAUS	only one couse per line for (o), SED BY: ATE CAUSE (o)	diverpiratory	Anut	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death cer y by the attending cost remove carbo of, cremotion, or re		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	Menus	ällere	
requires	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>CONTRIBUTIN</u>	NG TO DEATH BUT NOT RELATED TO THE TE	rminal disease or cond	ITION GIVEN IN PART 1:0
on. has be permit the	CERTIFICATION	190 DATE OF OPERATION		which Operation was performed	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
5 PHYSICIAN: T trending physici r this certificote the buriol/tronsi and Mentol Hygi ed or Item 18 sh	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK NOTIWHILE AT WORK		TH DAY YEAR 19 211 LOCATION	JRRED (ENTER NATURE OF INJURY	
TTENDING pitol or o or o		22a I certify that (I) (this has sow the deceased alive of		and that in (my) (our) opinio	. to to	, 19, that [1] (we) lost te and hour and from the causes stated
SPITAL OR A d by the has NERAL DIREC be detoched e State Dept.		Indus.	Nowahow	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	220. DATE SIGNED
TO HOSPITAL TO FUNERAL should be det with the State IMPORTANT:		ANDREW	Now Akon	SEI MD 125	N. MAIN	ST. BEZ AIR, M.
BP	230 E	SPECIFIC CREMATION, REMOVA	23b DATE 6/17/85	BEL AIR MEMORTA	_ CITY OR TOWN	HARFORD MD

STATE OF MARYLAND

MARGARET FAYE

170048

DHMH - 16 60M 7/84 (VRA 15, 4)



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1	FOR STATE REGISTRAR			DEPARTI	STATE OF MARY MENT OF HEALTH AN CERTIFICATE OF	D MENTAL HYG	IENE 8	S REG. NO.	1	7 4	2 3
	CEASED NAME	FIRST		MIDDLE	ŁAST	150000	2a. DATE O	FDEATH MO		AY YEAR	26. HOUR P
1111	E OR PRINT)	Joseph	1	E.	Haslbec	k	1800	6	3	85	3:30 M
3. SE	X	4	. RACE		5. DATE OF BIRTH	90 S. W.		YEARS LAST BIRTHD		IF UNDER TYEAR	IF UNDER 24 HRS
-	Male		White		90NTH 30	34	50		YRS.	ONTHS DAYS	HOURS MIN.
7a. B	IRTHPLACE (STATE OF COUNTRY) Maryland	R FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	MARRIED NEVE	R MARRIED DIVORCED		ORE CITY <u>OR</u> C			MD
10 C	ITY OR TOWN OF DE			HOSPITAL, NURSIN	IG HOME OR OTHER IN		12a USUAL	OCCUPATION RK FOR MOST OF W		126. KIND C INDUSTRY	OF BUSINESS OR
1	Forest Hi			Bear Creel			Chei	f Draft	sman		. Steel
13a	STATE Maryland	136 COUNT	TY	13c. CITY OR TOWN	N 13d INSIDE	CITY LIMITS?		ADDRESS / Z	2101		To rest Hil
14 F.	ATHER'S NAME					R'S MAIDEN NA			PER		
	Joseph		IDDLE	Haslb	eck	Helen		MIDDLE		Kreine	
	WAS DECEASED EVE	R IN U.S. ARM		166 SOCIAL SECL		24		ADDRESS	nedo	n, Md.	
	(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	212-34-	2524 Jos	G. Ha	slbeck				
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BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

Burial
24 FUNERAL DIRECTOR

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

236 DATE

(528-2594) University Hospital

23d. LOCATION

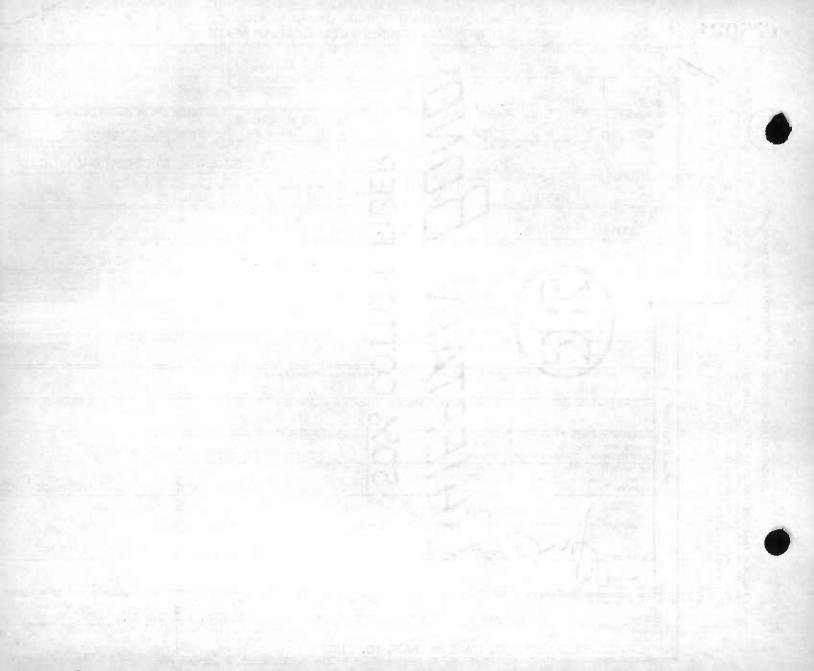
COUNTY

STATE

Gardens Harford Maryland
156 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 11750 BelAIR Rd KINGSVILLE MD

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI E. WRITING THE WORD "PENDING" IN PENCIL IN ITEM IS WARDED TO THE CHIEF MEDICAL EXAMINER ALONG PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERM STATE DEPARTMENT OF HEATTH AND MENTAL HYGIENE, 21201 PROR TO BURIAL, CREMATION, OR REMOVAL.	NO.	PART 2 OTNER S	IGNIFICANT CO	ONOITIONS C	ONTRIBUTING T	O OEATN BUT	NOT RELA	TEO TO THE TERMI	NAL OISEASE	OR CONDITIO	N GIVEN IN PAI	RT 1 (gt.	of although			and the	
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TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. NPAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STEP BALTIMORE, MARTHON 201		(TYPE OR PR	NT)	Ar	n M. I	Dixon	, M.	.D.	/	ADDRESS_	111		St.		Balt	o.MD.	
5 5 5 5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	23a.B	URIAL, CREMA	TION, REM	OVAL 2	B DATE		23c. N	IAME OF CEN	ETERY OF	CREMATO	ORY	23d. LC	CATION OR TOWN		COU	INTY	STATE
07/84 BP		URIAL			19JUNE8	35	HA	RFORO ME	MORIA							MARYLAND	
DHMH - 17	24. FI	NAME		-100		ADDRESS	38				250. DATE R	REC'D. BY	REGISTRAF	25b. REC		SIGNATURE	4
(VR A15 ME (5))		MITCHEL	L FUNE	RAL H	OME PA,	HAVRE	de	GRACE, M	D. 210	078	LUN	10	400E	dia.	basil	con Bond	800g



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

1		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			s: 4
		CEASED NAME OR PRINT)	FIRST EGGY	AN	JN		DERSON	JUNE	14,		DAY YEAR	25. HOUR 10:30 PM
	3. SE)	× Female		4. RACE White		5. DATE O	DAY YEAR	6. AGE (INYEA	RS LAST BIRTH	YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
36	Wes	RTHPLACE (STATE OR I COUNTRY) St Virgini	a	US		WIDOWE		9. BALTIMOR Harfo	rd Co	unty		MD.
X	Be	el Air	W.	108 Sou	ith Main	Stree	t cother institution	120. USUAL O			12b. KIND (INDUSTRY	OF BUSINESS OR
86	Mai Mai	AL RESIDENCE (IF NURS STATE ryland	135 COUN		Bel Air		13d. INSIDE CITY LIMITS? YES X NO		odress uth M	lain	Street	21014
20		Maynard		Pearl	Quick		Virginia	F	rance		Pri	
1	160 V	VAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	219-42-1		Mrs. Deanna	Brown,	Edg 829 S	ewoo t.Ge		
		Canditions, if any, gave rise to imm cause (a), static underlying cause	AS CAUSE IMMEDIAT , which nediate ig the	D BY: E CAUSE (a) DUE TO, OI	Meto R AS A CONSEQUE R AS A CONSEQUE	NCE OF	ic lung	Canc	er		3 m	UMATE INTERVAL ONSET AND DEATH OWLES
9	CERTIFICATION	PART 2. OTHER SIGN 19a. DATE OF OPERA					NOT RELATED TO THE TERM	200 AUTO	SY?	20b. IF YE	S, WERE FIND FYING CAUSE	NGS USED
9	MEDICAL CERT	21g. ACCIDENT WAS UNI OR CONTRIBUTING [] (IF EITHER NOTIFY MED) 21d. INJURY OCCUR	CAUSE OF DEA	TH HOUR A.	m. Month da m.	Y YEAR	21c HOW INJURY OCCUR		IRE OF INJURY	IN ITEM 18	PART I OR PART 2)	
DOWN THE PARTY OF	ME	WHILE NOT WE AT WO	RK	4	e deceased from	Ma	STREET	, ta	CITY OR TOWN	0.14,	COUNTY	that (1) we last
PORTANI: II III II		sow the decease above, (1) (we) (22b. SIGNATURE CLOSE) 22d. PHYSICIAN'S N	ed alive on did valid no	7	140 3 198		1220 ADDRESS	MEDICAL DIRECTOR	STAFF PHYSICIA			causes stated SIGNED
3												more, Md

BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

should be detached for with the State Dept. of

Burial 24. FUNERAL DIRECTOR

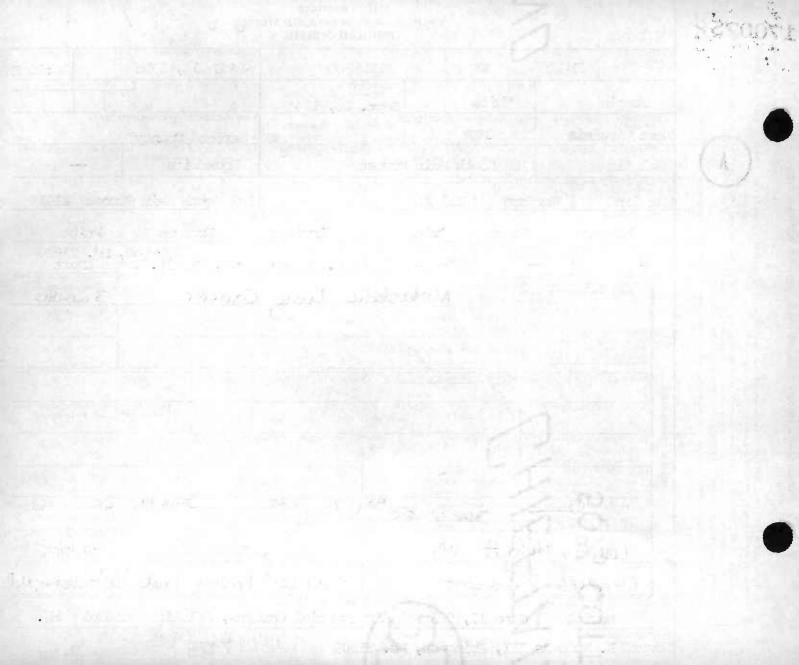
23a. BURIAL, (SPECIFY)

Howard K. McComas III, Abingdon, Md. 21009

June 17,1985 Bel Air Memorial Gardens, Bel Air

9 1985 PREGISTRAR'S SIGNATURE

Md.



- STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

REGISTRAR

DECEASED NAME

22c DATE SIGNED DIRECTOR PHYSICIAN 6.1511985 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECTEMATION R.A. Ferris & Co. June 17,85 West Chester Chester 24 FUNERAL DIRECTOR 25h REGISTRAR'S SIGNATURE Abingdon, Maryland K. MCCOMAS III

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

MONTH

2b. HOUR

12b. KIND OF BUSINESS OF

30945

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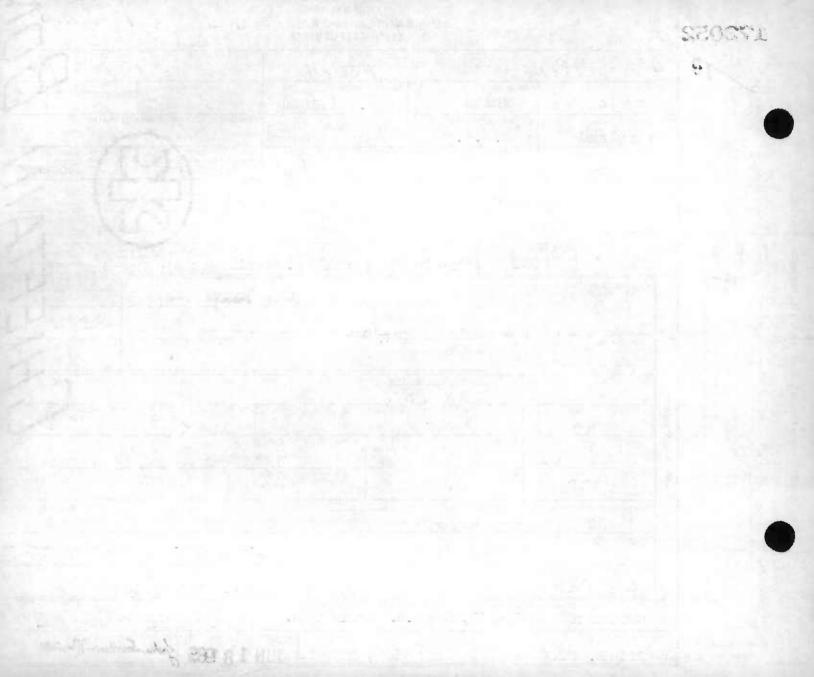
Caplan

Home

IF UNDER 24 HRS

IF LINDED 1 YEAR

2a DATE OF DEATH



June 24,1985 Harford Mem. Gdns.

DHMH - 16 50M 1/B1 (VRA 15, 4) Buria1

DIVISION OF VITAL RECORDS,

24 FUNERAL DIRECTOR
Tarring Funeral Home, P.A., Aberdeen, MD, 21001-3399

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Aberdeen, Harford, MD

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178062	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH REG. NO.								
	1. DECEASED NAME	FIRST	MIDDLE		AST	1 7 1 1	2a. DATE OF DEATH	MONTH DA		26. HOUR	
nay be page 3 rr death	(TIPE OR PRINT)	JULIA		J	CKSON	7/1 3/ E		6 12	1985	8:37	
mo)	3. SEX	4. RACE		5. DATE C		MEAR	6. AGE IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS	
rs of	Female	Bla	ck	Jul		1891	93	YRS.	JA13	HOURS MIN.	
Pour Pour	70. BIRTHPLACE (STATE OF		WHAT COUNTRY?	8.	NEVED.	MARRIED -	9. BALTIMORE CITY		OF DEATH		
no 72	North Car	colina United	States	WIDOWE		NORCED	HARFOR	D COUNT	ry	M	
os s ofter d by the fu liled with	HAVRE DE GR	(IF NOT IN SL	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET ENS NURS I	ADDRESS)		NOITUTIT	120. USUAL OCCUPAT ITYPE OF WORK FOR MOST O Domesti	F WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR	
ND 212	USUAL RESIDENCE IF NUT 130. STATE Maryland	RSING HOME OR OTHER INSTITUTION 136 COUNTY Harford	13(. CITY OR TOV Cardiff	VN	13d. INSIDE	CITY LIMITS?	13e. STREET ADDRESS Green Mar	ble Ro	$ad \mathcal{N}$	024	
1 180	14. FATHER'S NAME	MIDDLE	LAST	3-3-1	15. MOTHER	'S MAIDEN NAM	E MIDDLE		1241		
A PARTY CO	Bob		Martin		C	ora	MIDDLE		Waugh		
RE Grante	160. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORM	ANT	ADDR	SS			
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ORDS, 201 W PRESTON ST. requires that the death certife sen signed by the ottending part of the please remove carbon for to buriel, cremotion, or remove remove carbon in the buriel, cremotion, or remove the priginty, or other froumptic every		imediate ing the last. (c)	OR AS A CONSEOU CONTRIBUTING TO FOUR	DEATH BUT							
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DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r attending physician. Wher this certificate has been sig as the buriof-tronsit permit. Then th and Memtal Hygiene prior to b orked or them 18 shows ony injury	(IF EITHER NOTIFY MEE 214 INJURY OCCUP WHILE NOT W AT WORK AT W	HILE THOME, S	OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC)	211. LOCATI		CITY OR TO	WN	COUNTY	STATE	
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75 5 ± 2 3 ₹1	23a. BURIAL, CREMATION	, REMOVAL 23b. DATE	236.	NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION		COUNTY	STATE	
BP	Burial	June 1	7,1985 Do	bson	City C	emetery	Dobson	Su	rry N.	Caroli	
DHMH-16 30M 2/80 (VRA 15, 4)	24. FUNERAL DIRECTOR	orkins 600	Main	St 1)	Haf	JUN.	REC'D. BY REGISTRAR	25h REGISTR	AR'S SIGNATL	502	

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16a V

CERTIFICATION

FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 5 1 7	429
CEASED NAME FIRST ORPRINT) Mert	MIDDLE S.	Jackson	20. DATE OF DEATH MONTH DAY JUNE 26	1985 9:50 M
Male	4 RACE White	15. DATE OF BIRTH MONTH DAY YEAR 12 23 07	6. AGE (IN YEARS LAST BIRTHDAY) IF UN MONTH	IDER 1 YEAR IF UNDER 24 HRS
RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland TY OR TOWN OF DEATH Whe de GRACE	(IF NOT IN SUCH FACILITY, GIVE STREET	MARRIED WINEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF I Harford 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) IN Self-Employed	MD. The Kind Of Service Servi
THER'S NAME	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION) //N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 1 Harvest Lane 21 ME	. 19.413
Yes WW]	II 217-03-7	7889 Georgia Jack	son 1 Harvest Lane	Perryville MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSI IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO DRAS A CINSEQUI	the ten	I facture Celler Your hay	o from
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN II	N PART IIa
190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WE IN CERTIFYING	RE FINDINGS USED G CAUSES OF DEATH? NO [

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 211. LOCATION 21 INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE

(this haspital) attended the deceased from saw the deceased alive an 101 with bady after death , and that in (my) (our) opinian death accurred on the date and hour and from the causes stated

DEGREE ATTENDING MEDICAL STAFF

22e ADDRESS

230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION . 23b. DATE CITY OF TOWN COUNTY STATE

BP 6/29/85 Cemetery Hopewell Port Deposit Cecil 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

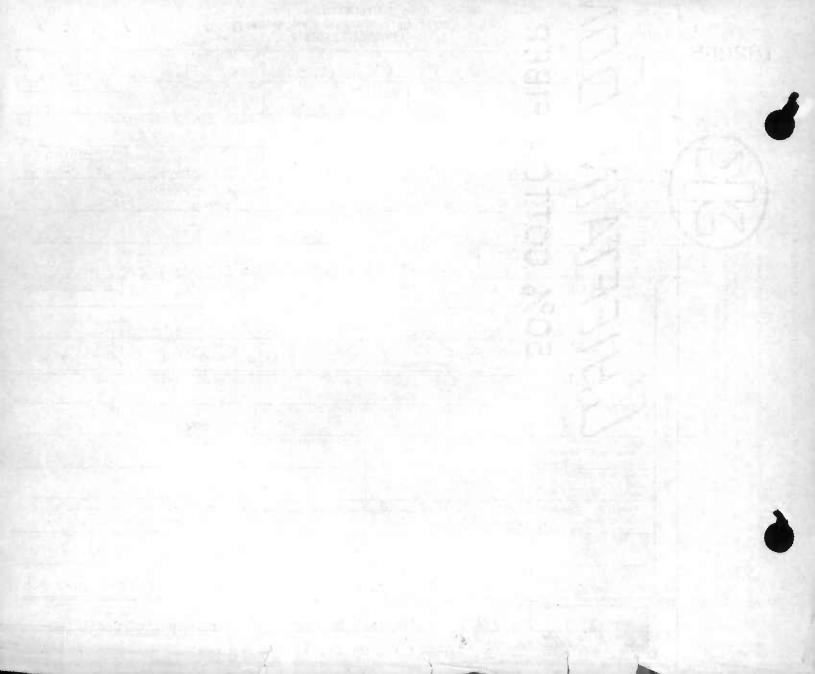
DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIFFCTOR

DRITANT

Patterson & Son, Perryville, MD 21903

PHYSICIAN DIRECTOR PHYSICIAN



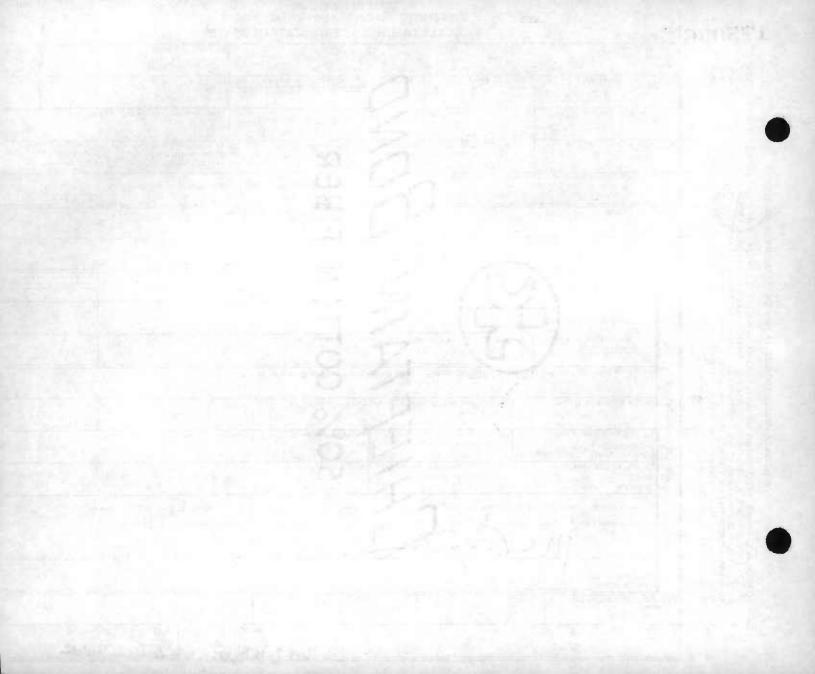
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	1
L OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death, rage 4 may be the hospital or oftending physician.	630
DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral Birector, page 3 noched for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 floating depth	77
e Dept. of Heolth and Mental Hygiene prior to burial, cremation, ar remayol. Hiem 21 is marked or them 18 shaws any injury, or other traumotic event, the medical examiner misches applied of once.	8

DHMH - 16 60M 7/

(VRA 15, 4)

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1	-	STATE REGISTRAR				CERT	IFICATE OF DE	ATH	REG. NO					
	1. DE	CEASED NAME	FIRST	٨	AIDDLE		LAST		20 DATE OF DEATH		Y YEAR	2b HOU	IR .	
		OR PRINT)	·do	/	E	./.	office.			11	ac	13	50 M	
		1.60 K	Ida	5		A.	esterso	n		AGE (IN YEARS LAST BIRTHDAY) IF UNDER LY				
	3. SE	Male		4. RACE 5. DATE C			E OF BIRTH	YEAR	6 AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER	MIN.	
1		male		Wnite	е		3 16 18	85	100	YRS				
1		RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8.	25		9 BALTIMORE CITY O					
		Md.		USA			RIEDXX NEVER MA	ORCED	Harford					
7	10 C	ITY OR TOWN OF DEAT	TH	11 NAME OF H	IN TATION		WED DIVO		12a USUAL OCCUPATI	ON	12h KIND O	E BLISINE	MD.	
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		obove () (we) (di	id) (did no	t) view the body	ofter deoth.	^			and the contract of the contract of	no one noor c		1	neu	
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R4		UNERAL DIRECTOR						25a. DATE	REC'D. BY REGISTRAR	256. REGISTR	ARIS SIGNA	nowie		
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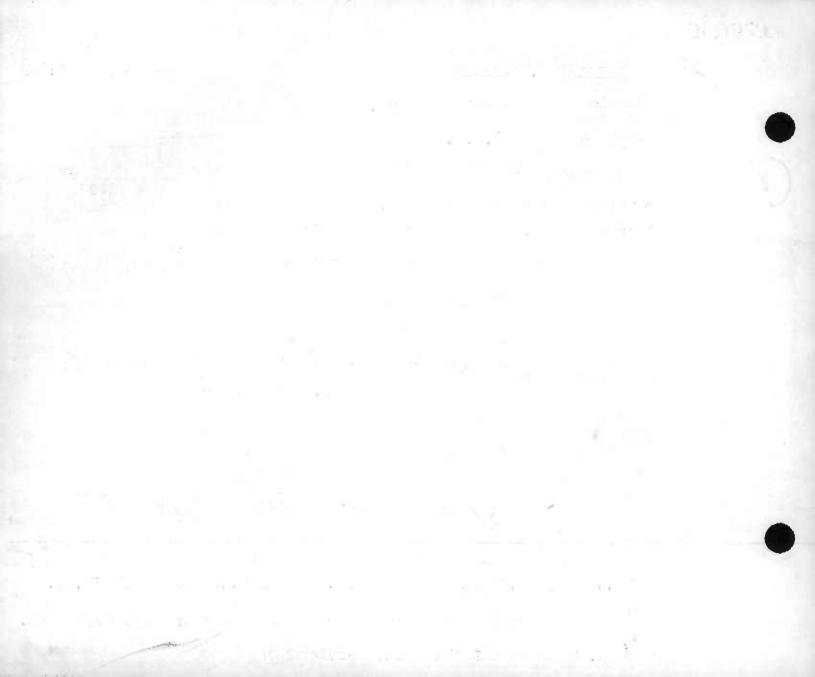
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A HE		SIGNATURE.	AV	~	1/	70		M.			t_MED	DICALEXA	MINER	DAT	E NED	6-9-8	35
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE STABBALTIMORE, MARYLAND, 2		EXAMINER'S	NAME ADI	n M	Dixo	n, M.D							Balt	0 1	MD	21201	
TO M EXECUTO PAGE AFTER BALTI	22 - 01	(TYPE OR PRI	TION, REMOVAL						ADDRESS_				Dail	0., 1	-ID	21201	
	230.8	PECIFY)					NAME OF CE	WE LEKY O	K CKEMAIC	/KT	CITY	OCATION FOR TOWN		cc	YTHUC	SI	TATE
25M BP	24 FI	UNERAL DIREC	noval	10	/10/85				- 13	Se DATE	REC'D, B	Y REGISTRA	AR 23E REC	SISTRARS	SIGNA	TURE	
DHMH - 17 (VR A15 ME (5))		NAME Ana	atomy Bo	ard	ADDR		to., N	id.	411	N 4	0 400	6	Ca. K	:4	mand	1.00	
		22210		- Jan U		1001			116	45 6 6	- DEC	43 G	وكالباوم والطائبة	MINIOTO N	mary and	-	



DHMH - 16 50M 4/83 (VRA 15, 4) 24. FUNERAL DIRECTOR

Howard K. McComas III Abingdon, Marylan JUN 20 1985

50. DATÉ REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE



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	ESSARY, PLEASE PERAL DIRECTOR. POUR FILES. FILES. PROVINCE TO STREET,	3. SE)	(4. RACE	5. DATE O	F BIRTH	YEAR	6 AGE (IN Y	ARS IF L	NDER 1 YR.	IF UNDER	24 HRS.	2c. DATE		MONT			2d HOUR
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+	PERSONAL PROPERTY		RTHPLACE (ST	ATE OR	1	O. CITIZEN OF WHAT COUNTRY? 8 MARRIED XX NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY								NTY OF	DEATH			
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	2 H 2 H 2 / /	0. CI		OF DEATH	(IF NOT	NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)								IND OF BU OR INDUSTR				
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	T., DURS 18.		18. CAUSE OF	F DEATH (Enter onl	ly one cause	e per line	far (a), (b)	, and (c).)								BET	APPROXIMATE	INTERVAL
	ON ST., 24 HOU! ITEM 18 LONG W PERMIT, SIENE, I		PARTIDE		TE CAUSE (0,				Intox	icati	on						
	PRESTON ST ITHIN 24 HOL CIL IN ITEM 11 ANSIT PERMI AL HYGIENE, REMOVAL.		Condition	s, if any, which	DUE	E TO, OR	AS A CON	ISEQUENCE	OF									
	WITH WITH WITH NCILL		gave ris	e to immediate stating the under-		b)	45.4.60	ISEQUENCE	05									
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			PART 2 OTHER SIG	INIFICANT CONDITIONS	CONTRIBUTING	TO DEATH 8	UT NOT RELA	TEO TO THE TER	MINAL DISE	ISE OR CONDITIO	N GIVEN IN PA	RT 1 o						
	DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECT RITING THE WORD." PENDING" ROBE TO THE CHIEF MEDICAL ES 3 SHOULD BE USED AS A BURL E DEPARTMENT OF HEALTH ANIOT PRICK TO BURIAL, CREMATION OF PRICK TO BURIAL, CREMATION OF THE PRICK TO BURIAL CREMATIO	0				1												
	MI RE	CERTIFICATION	190 DATE OF	OPERATION	19b.	CONDIT	ON FOR	WHICH OPE	RATION	WAS PERFOR	MED?					20	AUTOPSY?	,
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	S CEI REITH SE 35 SOI P	ME	WHILE AT WORK	NOT WHILE		TREET, FACTO	DRY, FARM, E			STREET	Dum D	a	CITY OR TO			OUNTY		STATE
	EVA RWA RWA RWA STA'		1177				auto			nters_		N	Joppa			arfo	Id	MD
	DIVISION OF VITA UNER: THIS CERTIFICATE SHC FICATE, WRITING THE WORE FORWARDED TO THE CHI STOR, PAGE 3 SHOULD BE UA H THE STATE DEPARTMENT OF LAND, 21201 PRIOR TO BURIL		770. I certit	y that I taak charg	e at the ren		ribed abo		Auto	, ,	Inspectio		Inquiry ermined mi		and in my	apinion		
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	A LOUGH A LE		ACTUAL SIGNATURE A.D. ASSISTANT MEDICAL EXAMINER SIGNATURE										E 6	-9-85	5			
	MORA ST	1	EXAMINER'S	VAME 70-	- M -	(34 1		\								1001	
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW TO FUNIEAL DIRECTOR: PAFTER DEATH, WITH THE STABALIMORE, MARYLAND, 2		(TYPE OR PRIN	(T)	n M. Í	TXON					111 P			Balto	o., M	0 2	1201	
		23a. B	PECIFY)	ION, REMOVAL ?		10 0-				OR CREMATO		CITY	ORTOWN		cc	YTHUC	51,	ATE
	07/84 BP	24 F	Bur UNERAL DIREC		June :	12,85	IEI d	. Vete	rans	Cemet	250. DATE	REC'D. BY	REGISTRA	R ZSb RE	GISTRAR	SIGNA	TURE	
	DHMH - 17 (VR A15 ME (5))		NAME	ir Rd. Ba	Ttimo	THE CALL	ra I	Homes,	Inc		IIIN	11	1005	Silia.	Sanda	1-73	ndelle	
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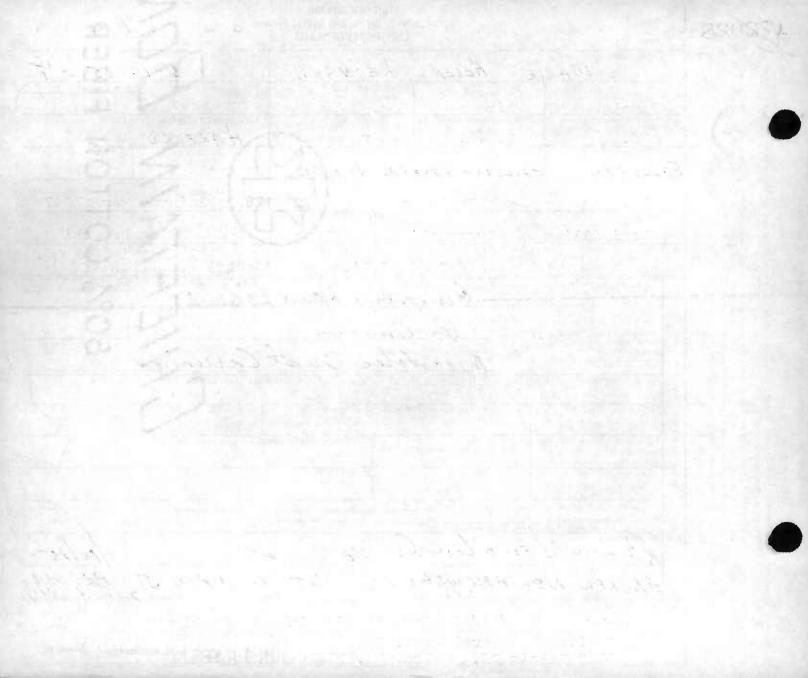
STATE OF MARY	L

ND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

1.	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HY RTIFICATE OF DEATH	GIENE 8 5 PREG. NO.	7 4 3 4
		IRST	MIGDLE	LAST		DAY YEAR 26 HOUR
11119	CH PRICES	ARIE	HELEN	LEONARD	6-10	2-85 25
1. SE		4. RACE		ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
3	/Pomalo	Tylle i +		eb. 3 1908	77	ONTHS DAYS HOURS MIN.
7s. B	Female	Whit	WHAT COUNTRY? 8		9 BALTIMORE CITY OR COUNTY	OF DEATH
	Md.		MA	ARRIED NEVER MARRIED	1/22= 21	
40.C	ITY OR TOWN OF DEATH			OWED DIVORCED DIVORCED	12g USUAL OCCUPATION	MD. 12b. KIND OF BUSINESS OR
1		UF NOT IN SU	CH FACILITY, GIVE STREET ADDRES	11 11	(TYPE OF WORK FOR MOST OF WORKING LIFE	
	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMIS		Homemaker	
13a.1	Md.	COUNTY	Fallston	13d INSIDE CITY LIMITS? YES NO 🔣	13e STREET ADDRESS / ZIP CODE 1802 Plainvue	Way 21047
7 F	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN N.	MIGDLE	LAST
1	Maximill	ian E	Byczynski	Anna	Do	mbrowski
	WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECURITY	NO. 17 INFORMANT	AD 1820 T	win Oak Rd.
-	no	FIES GIVE WAR OR DATES!	216-34-459	96 Rita Sova	/ 1 1 1 1	tsville Md.
	18 CAUSE OF DEATH (B PART I. DEATH WAS	Enter anly ane cause pe CAUSED BY: MEDIATE CAUSE (a)	line for a), (b), and (c)	ti Hent	Failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	I/VI.		OR AS A CONS QUENCE	Of		
	Canditians, if any, w gave rise to immed	iate	Treu	mone	0	
	underlying cause	the DUE TO, C	Metasta	tie Bress	& Carenores	ζ
NO	PART 2. OTHER SIGNIFI	CANT CONDITIONS <u>C</u>	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 1/a
CERTIFICATION	19a. DATE OF OPERATION	N 19b. COND	ITION FOR WHICH OPER	ATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES IN CERTIF!	, WERE FINDINGS USED YING CAUSES OF DEATH?
CER	21g. ACCIDENT WAS UNGERL			21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	
	OR CONTRIBUTING CAUS	DE OF DEATH	M. MONTH DAY Y	EAR		
MEDICAL	21d INJURY OCCURRED	21e. PLACE	.M. OF INJURY	21f LOCATION		
¥	WHILE NOT WHILE	(AT HOME ST	REET, FACTORY, OFFICE, FARM, ET	C.) STREET	CITY OR TOWN	COUNTY STATE
	220-I certify that (i) (the	is haspital) attended th	ne deceased from	19	to	19, that (I) (we) last
10	saw the deceased o	alive an	19		death accurred an the date and have	, mai (ii (**c) idai
	abaye, (I) (we) (did)	(did nat) view the bady	after death.	A DEGREE		25 DATE SIGNED
	Andre	Now	cleonsh	A ALLA ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	4/2/15
	ANDREW	NOWA	Kowsky	rp /25	N, MAIN ST	BELAIR,
23a l	BURIAL, CREMATION, REA			OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	Burial			lens of Faith	Baltimore	Md.
24 F	NAME SChir	nunek Fun	eral Home.	Inc. 25a. DA	TE REC'D. BY REGISTRAR 25b. REGIST	
	9705	Belair R	d. Balto.	Md. 21236 J	UN 1 8 1985 groke	Javidson-Aandelle

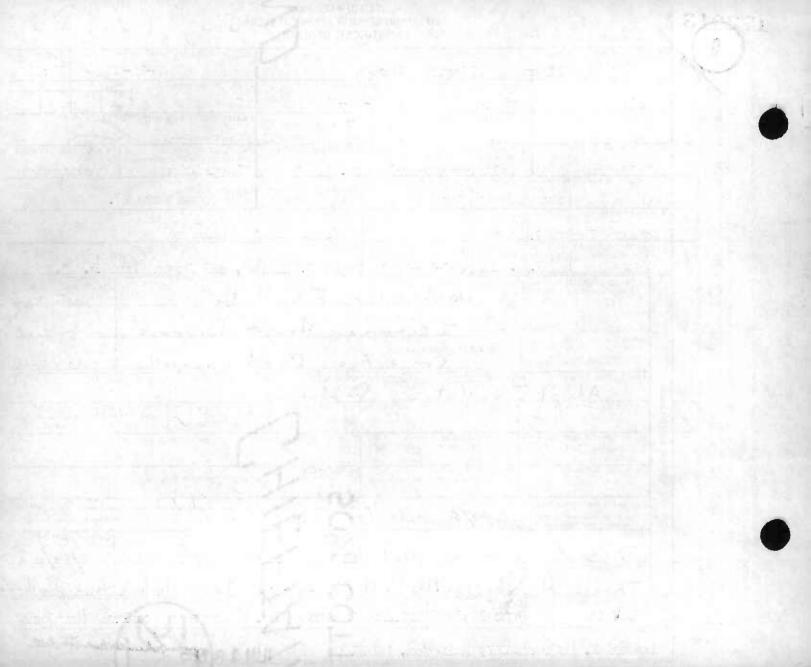
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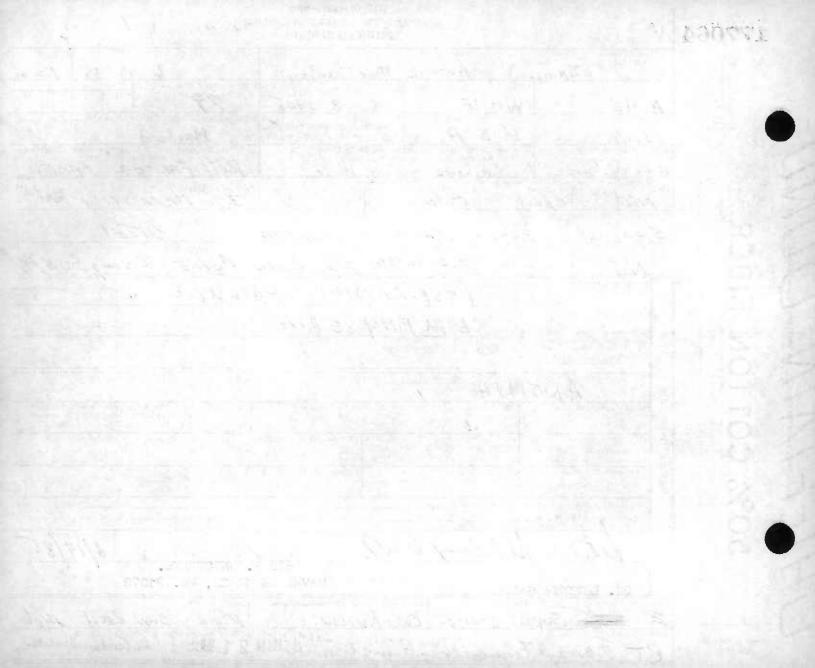
(VRA 15, 4)

STATE OF MARYLAND



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	1					E OF MARYLAND	20g 20	g 60	,	-9
177064	1.	FOR STATE REGISTRAR		DEPA		ICATE OF DEATH	REG. N	0.	4	5 /
		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
. 4 moy be tor, page 3 ofter death	(iiie	5a-w	1410	AUTHU	ir Ma	c Cauley		41	9 85	1:00 A
moy pa	3. SE		4. RACE		5. DATE (OF BIRTH	6 AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS
ge 4 rector	1	MALE	WH	litE	MONT	8 1905	79	YRS.		HOURS MIN.
Jos Short	70. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN	OF WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
Junera Alenti Alin 7.		ENY,	U.	S. A.	WIDOWI	D DIVORCED	Har	ford		м
Per fire	10 C	ITY OR TOWN OF DEATH		OF HOSPITAL, NU IN SUCH FACILITY, GIVE S		OR OTHER INSTITUTION	12a USUAL OCCUPAT		126. KIND O	F BUSINESS OF
ing filed	100	vre de Grace	1 6	Itizens	Nursing	Home		ARMEI		7RM
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND-120 ING PHYSICIAN: The law requires that the death certificate be executed within their cattending physician on completely filled in by sake been signed by the attending physician and completely filled in by as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to buriol, cremation, or removal. orked or Item 18 shows any injury, or other traumotic event, the medical examples in the law to the provided or the provided o		AL RESIDENCE (IF NURSING HOW STATE 136 CC	OUNTY	13c. CITY OR 1	NWO	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	400	2/9/	Ed.
The State of the s	IN. F.	ATHER'S NAME				15. MOTHER'S MAIDEN NA		1707-12	7777	
d will damy	1/ <	FIRST /	MIDDLE E	=1's MAST	daula	REATHA	MIDDLE	077	I-/ LAST	r
E, A	160	WAS DECEASED EVER IN U.S.	ARMED FORC	ES? 166. SOCIALS	ECURITY NO.	17. INFORMANT	ADDR	ESS		
Mondond ond		YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DAT	ES) 2/2-	32-3765	inselial.	2 COALE	Ris	ings	SIGN 14
ALTIN ician ician the		18. CAUSE OF DEATH (Ente	r only one cous	e per line or (a) /h) and (c))	17-12-210		-		MATE INTERVAL
physicon physicon provo		PART I. DEATH WAS CA	USED BY:	1CAP CA	PIRAT	opy F	AILURE		BEIMEEN	INSET AND DEATH
N ST cent rbor rr rer fic ex		IMMEL	DIATE CAUSE (0)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
STO tend tend on, o		Conditions, if ony, which	DUET	O, OR AFTER	PHY	SEMA				
PRES		gove rise to immediate		0)						
W. by the see records of the		couse (0), stating the underlying couse last.		O, OR AS A CONSE	OUENCE OF					
201 ned I pleo uriol		PART 2 OTHER SIGNALICAL	NI CONDITION	VS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	UNAL DISEASE OR CON	IDITION GIVE	N IN PART 1/2	
stanic st	Z	AK	IEM1	A		THE TENS	mine blockloss on con-	Dirior Ore	TO THE TAKE THE	
Beer mit.	CERTIFICATION	190 DATE OF OPERATION	19b. C	ONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED
TALRE la incion.	E						YES T NOT	IN CERTIFY YES	ING CAUSES	OF DEATH?
VITAL N: The yesicion reads to the Hygier Hygier Hygier	i iii	210. ACCIDENT WAS UNDERLYING		ME OF INJURY		21c. HOW INJURY OCCUR				
Clar Clar del-tri		OR CONTRIBUTING CAUSE OF	- DEMINI	R A.M. MONTH P.M.	DAY YEAR	5				
HYSICI nding in cert burial Menta	MEDICAL	216. INJURY OCCURRED	21e. PL	ACE OF INJURY		211 LOCATION				
VISI G Presidenth ond ked ked	X	WHILE NOT WHILE AT WORK	(AT HO	ME, STREET, FACTORY, OF	FICE, FARM ETC }	STREET	CITY OR TO	NWN	COUNTY	STATE
DIN OF SE OF		22a.1 certify that (I) (this he	ospital) attend	ed the deceased fro	om	. 19	to	1	9	that (I) (we) las
TTEN Director TOR For us		sow the deceased alive	on	l	9	nd that in (my) (aur) apinion	death accurred on the d			
REC Hed Hed		226 SIGNATURE	10	o o	1	FEGREE	/		22c. DAJE	SIGNEO
TAL O y the RAL DI defoci defoci vit: If It		Kling	All	alny	my)	ATTENDING PHYSICIAN TO	DIRECTOR PHYSIC	FF CIAN (6/1	9/85
- 9 111 0 10 2	1	22d PHYSICIAN'S NAME (T	YPE COR PR +IT!				S. UNION AV		10/	1
0 - 0 - 0		DR. LETICIA	CALVE	7		HAVRE DE	GRACE, MD.	21078		
Of of will My	23a.	BURIAL, CREMATION, REMOV			23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
BP	2	RECIFY) (P. S.	spip/	6-21-85	Beack	VIEW	RISING	SUN	CECIL	STATE
DHMH-16 30M 2/80	24. F	UNESAL DIRECTOR	4	-, 0-	STOO!	9.191(250 DAT	E REC'D. BY REGISTRAR			URE
(VRA 15, 4)	10	Tom.	QF.	1 - Das ADDRE	55 Penin	dien med JUI	1 2 1 1985	Julian	lavidson-1	Mandelle.
		1.000	Jun	- CONTRACTOR	1	20				



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO. 20 DATE OF DEATH 26. HOUR 105 Marll. Sr. 6/12/85 Francis 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS YEAR MONTH 10/10/31 YRS

4 RACE Caucas i an

76. CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED WIDOWED DIVORCED

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Fallston General Hospital

USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13d. INSIDE CITY LIMITS?

12a. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) Proprietor

Harford

Fue! 130. STREET ADDRESS II 18 Clayton Roas 1085

Dunn

12b. KIND OF BUSINESS OR

6 mis

YES | NO.E 15 MOTHER'S MAIDEN NAME

Lillian Elizabeth 17 INFORMANT

ADDJoppa, Md. 21085 Mrs. Janice L. Marll, 1118 Clayton Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

BALTIMORE CITY OR COUNTY OF DEATH

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost.

13c. CITY OR TOWN

LAST

166. SOCIAL SECURITY NO

Marll

218262209

Joppa

MONTH

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CERTIFICATION

- STATE

(TYPE OR PRINT)

3. SEX

REGISTRAR

David

14n WAS DECEASED EVER IN U.S. ARMED FORCES?

136 COUNTY

Korea

Harford

Charles

(IF YES, GIVE WAR OR DATES)

18. CAUSE OF DEATH (Enter only one couse per ling Joyco), (byand ici.

DECEASED NAME

Male

Maryland

Mary land

Louis

LYES NO OR UNKNOWN)

Yes

4. FATHER'S NAME

COUNTRY

70. BIRTHPLACE ESTATE OF FOREIGN

II. CITY OR TOWN OF DEATH

210. ACCIDENT WAS UNDERLYING

21d. INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

9n DATE OF OPERATION

220.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on Jan 10 obove (I) we did (fid not) view the body after death.

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

216 TIME OF INJURY

P.M

21a. PLACE OF INJURY

HOUR A.M.

DAY YEAR

June 15,1985 St. Stephen Cemetery

19

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

STREET

211. LOCATION

ATTENDING

PHYSICIAN

CITY OF TOWN

, and that in [my] (our) opinion death accurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

STAFF

NOF

200 AUTOPSY?

COUNTY

YES [

20b. IF YES, WERE FINDINGS USED.

IN CERTIFYING CAUSES OF DEATH?

STATE

Md.

22c. DATE SIGNED

NOF

22k SIGNATURE

12d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

DEGREE

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

MEDICAL

DHMH - 16 50M 4/82

BP.

0

(VRA 15, 4)

pri

burial-tronsit p Mental Hygien 8.sho

a

should be deta with the State [

MPORTANT:

24 FUNERAL DIRECTOR

WEDICAL

23a, BURIAL CREMATION, REMOVAL

Burial

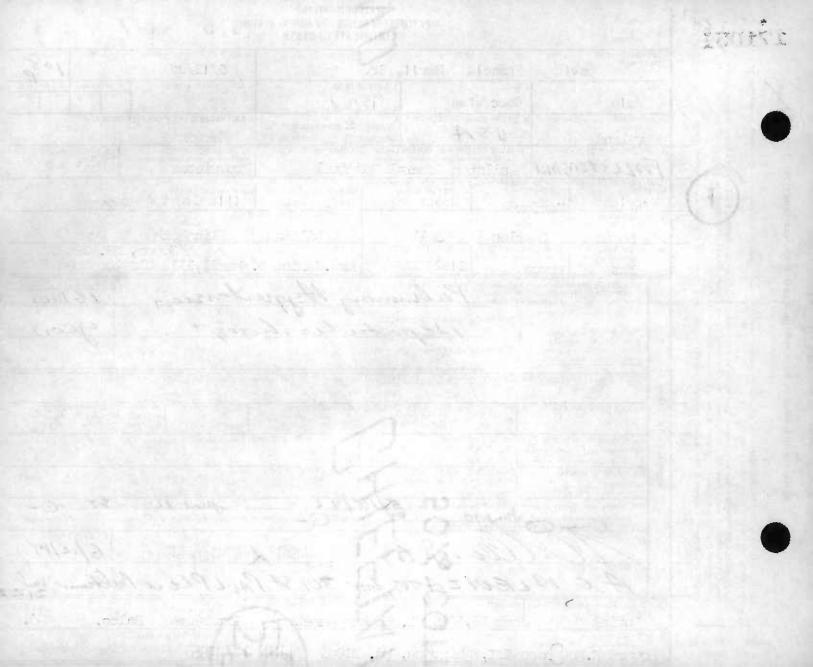
Howard K.McC omas III, Abingdon, Md. 21009

23b. DATE

Bradshaw

Balto.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Ma Davidson Ganacell



184132

FOR

REGISTRAR

- STATE

EILEEN M. GLAMP, STREET, MD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) COUNTY STATE and that in (my) (aur) opinion death accurred on the date and have and from the causes stated PHYSICIAN DIRECTOR PHYSICIAN SO BEZ ATR MO 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) CITY OR TOWN Burial Alleghany 6-24-85 Resurrection Moon Two 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE John H. Harkins, 600 Main Street. Delta. PA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

REG. NO

DAY

IF UNDER 1 YEAR

INDUSTRY

26 HOUR

1225

IF UNDER 24 HRS

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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	Avenue constitu	

416	83140	11	FOR	DEPARTMENT	OF HEALTH AND MENTAL	HYGIENE	7 0 0
1	DOT'TO	1	STATE REGISTRAR	MEDICAL EXA	MINER'S CERTIFICATE	OF DEATH REG. NO	
			CEASED NAME FIRST	WIDDLE	LAST	2a. DATE KNOWN	
	m 5, 15 or 5	(TY	PE OR PRINT)	Santford	Morrom	OF ESTI-	1 17 17 70
	ARY, PLEASE DIRECTOR. OUR FILES. 172 HOURS ON STREET,	3. SE			Meyer (IN YEARS I IF UNDER 1 YR. TIF UNDE	ER 24 HRS. 2c. DATE	MONTH DAY YEAR 2d HOUR
	IREC JR F 2 HG 2 TS T		A A A A A A A A A A A A A A A A A A A	MONTH DAY YEAR LAST	BIRTHDAY) MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	1 ~ -725
1	ARY, P YOUR YOUR YOUR SON S	1 100	Male White		S YRS.		17 19.85 AM
7	FOR Y	FI FI	DREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MAR	RIED L	OR COUNTY OF DEATH
	Z u. 49 . 2		est Virginia	0371	WIDOWED DIVOR		1.15
	PAGE FUED.	3D. C	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADI 	HOME, OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYP	E OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
	300.11	7	talkton	Fallston Gen	· Hesson	Farmer	Farming
_	m = 0	USU	AL RESIDENCE (IF IN NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE A	WN 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	44444
21201	2, AND 2, AND 3. RETA SHOULI	40	hio - Mon	roe Hann	bal - YES NO	Rt. 1 Box	178A 43915
2.0	T 25.9.2	14. F	ATHER'S NAME		15. MOTHER'S MAIL	DEN NAME	
×	1000	W/A	lbert C	hrist Meye	er Nora	WIDDLE	Manage
ORE	0.00	160.	WAS DECEASED EVER IN U.S. ARM			Agnes	Moore
× ×	H. 新		(IF YES, GIVE W		24-6803 Albe		
BALTIMOR	N N N N N N N N N N N N N N N N N N N					rt C. Meyer	Fallston, Md.
ST., I	200	13	18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	ane cause per line far (a), (b), and BY:	DO 10 MANIE	Men 1 Mil	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N N	4 4 6 8 4		IMMEDIATE	CAUSE (a)	DICE WHILLY	Lens 1)17	4660
PRESTON	HIN 2 IN IT IN IT SIT PE HYGI		Canditians, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF ACII	1	
8	UTED WITHIN IN PENCIL IN EXAMINER A RIAL-TRANSIT OR MENTAL HY		gave rise to immediate	(b)	773070		
*	PEN AM		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
301	CUTED IN PER L EXAM JRIAL-T ID MEN			(c)			
AL RECORDS,	OULD BE EXECUTED BE EXECUTED BY "PENDING" IN SECOND BY A BURIL SED AS A BURIL F HEALTH AND A CREMATION, O		PART 2 OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELATED TO TH	IE TERMINAL DISEASE OR CONDITION GIVEN IN P	ART 1 (a).	
Ö	D BE EXI	NO N					
04 04	HIEF / USED USED OF HE/	718	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20. AUTOPSY?
ITA	S CERTIFICATE SHOUL RITING THE WORD "PI RDED TO THE CHIEF SE 3 SHOULD BE USED E DEPARTMENT OF HE PRIOR TO BURING, CR	MEDICAL CERTIFICATION		T - 300 - 0 1/03			YES NO I
OF VIT	W W B B B B B B B B B B B B B B B B B B	H	21a. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c. HOW INJURY OCCURR	RED LENTER NATURE OF INJURY IN ITEM 18	
Z	PECA THE TO THE	7 4	UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DAY	YEAR		
NOISINI	ERTI ING S SH SIOR	ă	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HO			
2	THIS CER WARDED WARDED PAGE 3 S TATE DEP	X	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	R: THIS TE, WRI DRWARE : PAGE STATE 21201 F		AT WORK AT WORK			5/5	
	INER: ICATE, FOR TOR: P THE S ND, 21		22a. I certify that I taak charge	af the remains described above, held	lan Autapsy 🔲, Inspection	an Inquiry I, an	d in my apinian
- 1-	MIN IFIG BE IAN		death resulted fram:	I causes , Accident	Suicide	Undetermined manner,	
7	EXAMINEI CERTIFICA ULD BE FO DIRECTOR WITH THE		ACTUAL	6//	TITLE (SPECIFY)		
	MEDICAL EXAMINER. CUT THE CERTIFICATI FLASHOULD BE FOIL FUNERAL DIRECTOR: ER DEATH, WITH THE	4/	SIGNATURE LUC	10/00	Mo Depue	MEDICAL EXAMINER	DATE SIGNED 6-17-01
	NER SI DEA	11	EXAMINER'S NAME	E David	0 110		16uga on Com
	(i) (i) (ii) (ii)		(TYPE OR PRINT)	1 1 Icenjed	ADDRESS 461	i durante si	Her yell
0. 1.1	BA TA BA	23a. B	URIAL, CREMATION, REMOVAL 23		F CEMETERY OR CREMATORY	23d. LÓCATION CITY OR TOWN	COUNTY STATE
144	BP.		Burial	5/20/1985 North	wiew Cemetery	New Martins	
	DHMH - 17	24. F	UNERAL DIRECTOR			REC'D. BY REGISTRAR 256. REGI	STRAR'S ALGAL THE
	(VR A15 ME (5)) 15M 7/77	M.	"Gladden Kur	tz Jarrettsv	ille. Md. JUN 2	25 1985 July Dev	

STATE OF MARYLAND

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

8	2009	1.0	A	13
	7	day	Cong	Com

		REGISTRAR			CERTIFICATE OF DEATH			REG. NO.			
		CEASED NAME	FIRST	٨	AIDDLE		LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	26. HOUR
	(TYPE OR PRINT) Carmen			new	5 morada		Tu	ve 4	1985	6:04 M	
	3. SE	x	W 1 11	4 RACE	~	5. DATE C		6. AGE (IN YEARS LAST BIRT		F UNDER I YEAR	IF UNDER 24 HRS
-	FEMALE			WHITE		SEPTEMBER 25, 1915		69	YRS.	ONTHS DAYS	HOURS MIN,
	70. BIRTHPLACE (STATE OR FOREIGN			76 CITIZEN OF WHAT COUNTRY?		8		9 BALTIMORE CITY OR COUNTY OF DEATH			
L	COUNTRY) PHILIPPINES			USA		MARRIED NEVER MARRIED WIDOWED NORCED		Harfarl			MD.
7	10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSIN		G HOME OR OTHER INSTITUTION		12a USUAL OCCUPAT	NC	12b. KIND OF BUSINESS OR		
0	Havre de GRACE			Harfard Mana		1 1 1 1 A . L		(TYPE OF WORK FOR MOST O		ELEM. SCHOOL	
200	USU	AL RESIDENCE (IF NURSI			GIVE RESIDENCE BEFORE		170>1114	(NET) TEACHER	•	I ELEMI	SCHOOL
0	13a. S	STATE MD	HARF		HAVRE de 1		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 554 FRANKLI		т	21078
10	14. FA	ATHER'S NAME	PARE	JRD	HAVRE UE	GRACE	YES X NO 1		N SIREE		210/6
7				AIDDLE LAST			FIRST	MIDDLE		REGALADO	
-	16a V	JOSE WAS DECEASED EVER I	NUS AR	MED FORCES?	SCARELLA 166 SOCIAL SECU	RITY NO	LAUREANA 17 INFORMANT	ADDRE	SS	REGALAL	JU
	(YES, NO OR UNKNOWN) (IF YES, GIVE W			E WAR OR DATES)						#17a	
			NO		220 86 3939		MRS. MONICA BLA	ICK SAME AS			
	3	PART I. DEATH W			The for (a), (b), and	for (a), (b), and (c).) APPROXIMATE INTERV. BETWEEN ONSET AND DI					ONSET AND DEATH
		IMMEDIATE CAUSE (0)									
	3	DUE TO, OR SA CONSEQUENCE OF									
		Conditions, if any, which gave rise to immediate			Die Gran			eny Do			
	-	cause (a), stating the underlying cause last DUE TO, OR ASTACONSEQUENCE OF The Underlying cause last									
77		(6)									
	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT MY RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									а
	CERTIFICATION	19a DATE OF OPERATION		19h CONDITION FOR WHICH		OPERATION WAS PERFORMED		20a AUTOPSY? 20b. IF YES,		WERE FINDINGS USED	
	FI C	DATE OF STERATION		The constitution which		OF ERATION WAS TEN ORMED			NG CAUSES OF DEATH?		
	ERTI	21a. ACCIDENT WAS UNDERLYING 21b. TIME C		21b, TIME O	DE INJURY 21c. HOW INJURY OCCUI			YES NO	YES YES		NO []
		OR CONTRIBUTING CAUSE OF DEATH HOUR A.			M. MONTH DAY YEAR			(ENTER NATURE OF INJUR	T IN HEM IB PAR	(F) ORPARI 2)	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE				211. LOCATION					
	A.E.	WHILE NOT WHI			EET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR TO	yn	COUNTY	STATE
		AT WORK AT WOR	K		d 1/	11	11/2 80	6/	16	61-	
		22a.1 certify that (1) (/. / /	nd that in (my) (our) opinion of	teath accurred as the de	te and hour		that (I) (we) last		
		af ave, (I) (we) (did) (did nat) view the body after death.									
		DEGREE ATTENDING MEDICAL STAFF									
		PHYSICIAN'S NA	ME (TYPE C	10 PRINT)	war	PHYSICIAN DIRECTOR PHYSICIAN					
		DANTE MOI			JAKII.		Ampo	di Cine N		18 21170	
	22 -	1-17/V	V	1000	77776	14445 00	11/10/10	a living	1. 10	4(-	10/18
		BURIAL, CREMATION, F	KEMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	BURIAL 24 FUNERAL DIRECTOR			8JUNE8	8JUNE85 MT. ERIN CEMETERY HAVRE de GRACE, HARFORD CO						
	BAT I	OF TENAL DINECTOR					1 ZJU. 9 PAI C	LALL D. DI REGISTRAR	LJU. NEUIDIKA	LAMOICCAR	UKE

DHMH - 16 60M 7/B4

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(VRA 15, 4)

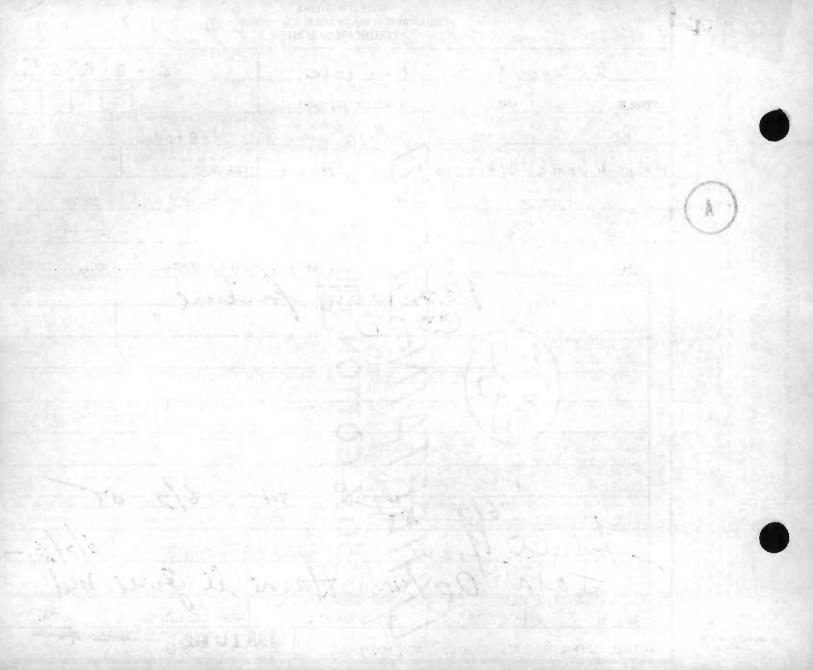
250. DAJE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD.

A JEANAL

W. PRESTON ST.

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BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

FOR

STATE
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAN				REG. N			
1		CEASED NAME OR PRINT) SAMO	NEL MIDDLE	PEI	RLMAN	20. DATE OF DEATH	6-23-		9 10
6	3 SE)		RACE	5. DATE (6 AGE (IN YEARS LAST B	RTHDAY) IF UND	ER 1 YEAR	IF UNDER 24 HRS
	N	MALE	WHITE	ÄP	R. 15, 1915	70	YRS	DAYS	HOURS MIN.
A			& CITIZEN OF WHAT COUNTRY?	8 MARRIE	XX NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF D	EATH	- 11
I		RUSSIA	USA	WIDOW		14/4	RFORL)	MD.
1			I. NAME OF HOSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST MERCHAN	OF WORKING LIFE) IN	DUSTRY	BUSINESS OR
		ALLS TON AL RESIDENCE (IF NURSING HOME OR C	TALLSTON GER		L HOSPIIAL	MERCHAN	1	RETAI	L
2	13a S	TARYLAND 13 HARF	ORD 13 KAKKAX		13d INSIDE CITY LIMITS?	260 PARAL	ZIP CODE DISE RD.	#2	1001
1	14 FA	THER'S NAME MOISHE	PERLMÂN		15. MOTHER'S MAIDEN NAA	E MIDDLE		ERLMA	N
	16a W	VAS DECEASED EVER IN U.S. ARM	AAF DATES) 166 SOCIAL SECU 159-26-		17 INFORMANT MF	RS. SADIÉ P	ERLMAN	4	
	1	E2 MMII-	AAF 159-20-	0455	260 PARADISE	E RD. ARER	DEEN, MD	210	ATE INTERVAL NSET AND DEATH
	TION		DUE TO, OR AS A CONSEDE DUE TO	DEATH BUT		501 5			
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIC	DN WAS PERFORMED	200 AUTOPSY?	20 AF YES, WER CERTIFYING YES		
?		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PART I O	R PART 2)	
	MEDICAL	WHILE CONTROL WHILE AT WOLL	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR T	OWN CO	PINUC	STATE
		220 Learning that III this hospital saw the decompositive on a composition (aid not) 226. Sign ATURN	10	, o	nd that in (my) (our) opinion o	, to death accurred on the c		-	not (I) (we) fost
		Bu				MEDICAL STA	AFF CIAN []	6/24	185
		22d. PHY ICH SAME TOPE OR	neth		FALLSTON GE	EN. HOSP	FALLSTON	I, MD	
	23a. B	SURIAL, CREMATION, REMOVAL SPECIFY BIRTAL.			CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	TE DATE		STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

BP.

TO FUNERAL DIRECTOR should be detoched with the State Depi IMPORTANT: If her

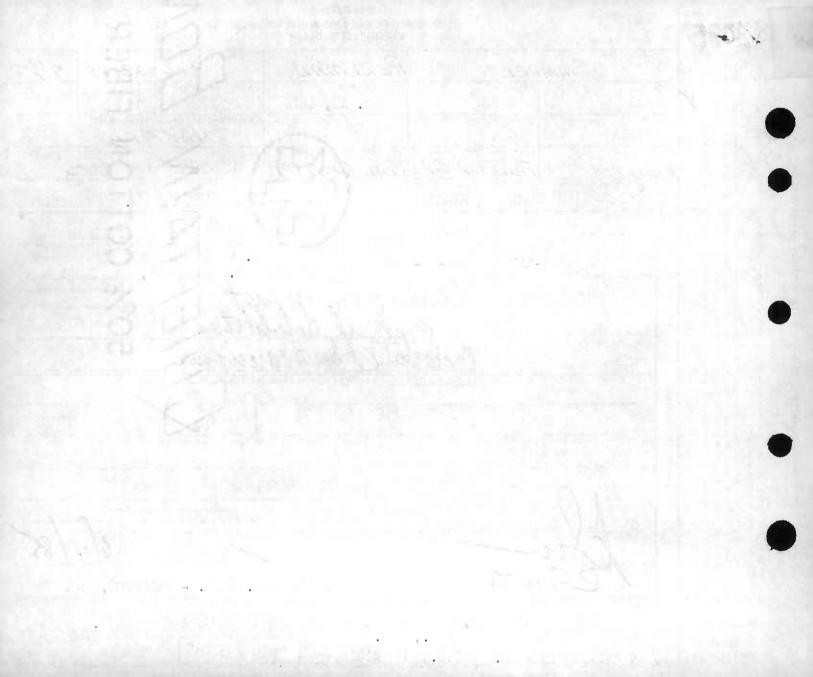
BURIAL JUNE 25,1985 HAI

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., IN

ADDRESS, ADDRESS, MD

6010 REISTERSTOWN RD. BALTO., MD 21215

JUN 28 1985



		1.	FOR			DEPART	STAT MENT OF I		AARYLAN I AND MI		GIENE	grad	1 1	A A	6
11	15069	1-	STATE REGISTRAR		M		EXAMIN				24		5. NO.	4 54	0
1	100		CEASED NAME			WIDDIE			LAST		20	OF ESTI-	HTMOM X		25 HOUR
	ASE OR. LES.			STEV		MES			ETTING			DEATH MATED	□ 6-14	-85 ₁₉	M
4.54	ARY, PLEASE DIRECTOR. YOUR FILES. V72 HOURS	3. SE	0.0000000000000000000000000000000000000	White	S DATE OF BIRT	65 YEAR	6. AGE (IN YEAR LAST BIRTHDA	MONT	HS DAYS	HOURS		C. DATE RONOUNCED DEAD	6-1/	-85 19	7:11PM
5-	ESSARY, PERAL DIRECTOR YOUR THIN 72 H	70. B	IRTHPLACE (ST		76 CITIZEN OF						-X 9	BALTIMORE CI		_ ,,	V-TIM.
	FOR YOUNGERAL IN WITHIN YOUR STORY	Ne	W York			USA	Egr.	WIDOV	VED 🗌	VER MARRIEI DIVORCEI		Harford			MD.
	PAGE FREED	Array .	larve de		Harfor		rsing Home			NOIT	Car	AL OCCUPATION DIST OF WORKING LIFE) Penter		OR INDUS CW Jack	TRY
1	AND 3	13a S	AL RESIDENCE TATE rvland	13b. COUN			BEFORE ADMISSION OR TOWN)N)	13d INSIDE C	ITY LIMITS?	13e SIRE	5 Beech	wood La	Associ ne 210	
1	A BOUNT R		ATHER'S NAME		MIDDLE		LAST		15. MOTHE	ER'S MAIDEN	NAME	MIDDLE		LAST	
1	30 3 3 1 M		Stanley		erkimer		tingil			Audre	ey			Meyer	
	AFTER NVE PA NVE PA NGES I SSONT	16a. \	VAS DECEASED ES, NO, OR UNKNO NO	EVER IN U.S. AR	MED FORCES? WAR OR DATES)		-70-746		Stan		. Pet	tingill		Beechwo	ood Ln.
	SERVE OF VIOL	>	18 CAUSE O	DEATH (Enter or	nly one cause per li	ne for (a), (b), and (c).)		IIPI II					APPROXIMA BETWEEN ON	ATE INTERVAL
	ON S MAHO MAHO MAHO MAHO MAHO MAHO MAHO MAHO	1	8/2	ATH WAS CAUSE	TE CAUSE (o) DUE TO, C	Mul	tiple	inju	ries		KK				
	HIN S AL	15		s, if ony, which	5	DR AS A CON	NSEQUENCE C	OF .							
	W. P. WIENCH		couse (o)	e to immediate stating the <u>under</u>		OR AS A CON	NSEOUENCE C)F							
	S EXA	10	lying cou		(c)			255			34.4				
	E EXE DING DING EDICAL S A BU LITH AN REMAT	N N	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEA	IH RUT NOT RELA	NIED TO THE TERMI	NAL DISEAS	E OR CONDITIO	N GIVEN IN PART	1 (a),				
	THE PARTY TO	CERTIFICATION	19a. DATE OF	OPERATION	19b. CON	DITION FOR	WHICH OPER	ATION W	AS PERFOR	MED?				20 AUTOPS	Y?
	OF VITAL ATE SHOUR E WORD THE CHEF THE	=												YES 🗶	NO 🗆
	DIVISION OF VITA CERTIFICATE SHO RITING THE WORD ROED TO THE CHE RE 3 SHOULD BE USE RE 2 SPERRENT OF RE 10 PRICK TO BURKA	N CE	210. EXTERNA UNDERLYING	□ X OR	HOUR A	PM 6-1	A-85 YEAR	dri	ow injury	OCCURRED	Ito-k	TURE OF INJURY IN ITE	m 18 PART I OR PAR	(2) On with	
	DIVISION S CERTIFIC RITING TH RDED TO SE 3 SHOU E DEPART	MEDIC	21d. INJURY O	CCURRED CAUSE OF	21e PLAC	E OF INJURY	(AT HOME,	ano.	CATION V	ven'ic Ta	ê	nead on	011131	JII WICI	
	DIVIS HIS CER WRITIN ARDED AGE 3 SI ATE DEP	¥	WHILE AT WORK	NOT WHILE		gwy •	TC.)	Har	ford R	Rd5m	niles	S S. Rec	ord Rd.	Harve	deGrace
	ANTE P		22a. I certif	y that I took char	ge of the remains d			Autop	sy X,	Inspection	□.	Inquiry .	ond in my opi	Maryla	na
	SE BURE		deoth resulte	d from: Notu	ral couses,	Accident	LXI, Sui	cide	, Hamic	ide,	Undeter	mined manner			
	AA WAA		ACTUAL	Maria	to m	0 4/2	10			PECIFY)	+	CAL EXAMINER	DATE	6-16	-85
	NEBA SHI	1	SIGNATURE_	14115		1/ 7	1 11 0						SIGNED)	-00
	PAGE TO FUR PAGE AFTER I				arita A.				ADDRESS_	11 Pen					
07 25	/84 BP				6-18-85		lighvie	w Ce	metery	Y	23d. LOC CITY OR	RTOWN	Harford	Mary	state yland
23	DHMH - 17 (VR A15 ME (5))	74 F	NAME		ADDRE	.41				ZSO. DATE RE	C'D. BY R	REGISTRAR 256 F	REGISTRAR'S SI	SNATURE	0.7
	(4V VI3 WE (2))	E.	r. Lassn	no tune	es Home		HESULL		1005	JUN	#91	And diego	an Rundsed	Moubres	

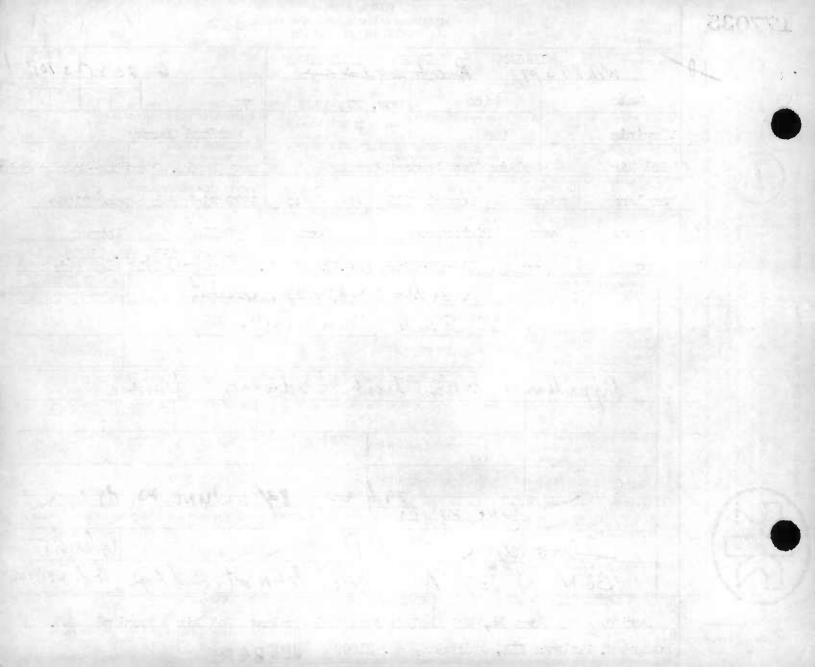
	STATE OF MARYLAND
178089	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
be 3	1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOURD
may t	(Type or print) T (C (O) Month Day Year
tar, Stat	3 SEY A PACE S DATE OF RIPTH A AGE (In years I SUNDER LYEAR IF UNDER 24 HRS
. Page 4 mc directar, pc i the State	Female White April 28-1892 gas birthdoy) yrs MONTHS DAYS HOURS MIN.
ま でまかん	To RIPTHPLACE (State or foreign 7th CITIZEN OF WHAT COUNTRY? 8 WASHED TO WIS A COUNTRY OF DEATH
	Balto. Md. U. S. A. WIDOWED DIVORCED Harford Md.
the course of	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital during most of working life, even if retired.) 12b. KIND OF BUSINESS OR during most of working life, even if retired.) 12c. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 12c. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
Within within and 2 and 2 and 2	odmission) STATE Maryland Nab COUNTY Baltimore Kingsville YES NO 7606 Bradshaw Rd. 21087
Cuted with	4. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Last
mpla mpl	Frank A. Pellicot Margaret Mueller
executed and comple	16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Addres 7606 Bradshaw Rd 17. INFORMANT
h or	no 214-74-6493 Mrs. Margaret Slitzer, Kingsville, Md. 21007
death certificate be ex attending physician and attending physician and remove carbon papers.	18. CAUSE OF DEATH (Enter only ane cause per line far (o), (b), and (c).)
REET, B	IMMEDIATE CAUSE (a)
ding ove o	DUE TO, OR AS A CONSEQUENCE OF
STON Jeath remay and	Conditions, if any, which gove rise to immediate cause (a), (b) 1140 Con Civil List of Contract
W. PRESTON S: at the death or y the attending please remove remayal, and in	stating the underlying cause (c) AS A CONSEQUENCE OF (c) AS CONSEQUENCE OF
ORDS, 301 W. PRESTON requires that the death en signed by the attendivermit. Then please removal, and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ECORDS, 301 W. PRI	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO CAUSES OF DEATH? 21o. ACCIDENT WAS UNDERLYING 121b. TIME OF INITIALY 121c. HOW INITIALY OCCURRED. (Enter nature of injury in Part 1 or Part 2 Item 18.)
OF VITAL RE law ng physician. rificate has burial-transit r to burial, g	21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. Month Day Year P.M. Month Day Year P.M. NULLEY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 G PHYSICIAN: The law requires that the death certificate be executed within 21 hours or attending physician. This certificate has been signed by the attending physician and campletely filled in the e as the burial-transit permit. Then please remove carbon papers, Parks 1 and 2 sit will tene prior to burial, genation, or removal, and in any event, within 22 bours often	21d. INJURY OCCURRED While Individual At work at work.
ol vite	22a. I certify that (I) (this hospital) attended the deceased from 19 (aur) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did not) view the body after death.
DOR ATTENDING by the hospital or DIRECTOR: After detoched far use and Mental Hygies	22b. SIGNATURE MEC. ATTENDING MED. STAFF C 6-12-85
HOSPITAL OF Tollined by the Tollined by the Tollined Director only the Gentle Health and Health Anniel He	22d. PHYSICIAN'S NAME (Type) Wm A TUBON 22e. ADDRESS BOX 158 HINSSNILL M2.
TO HOSPITAL retained by TO FUNERAL E should be d af Health on	230. BURIAL, CREMATION, BURIAL (Specify) Burial (Specify) Burial (Specify) Baltimore Cemetery Baltimore City Maryland
	24. FUNERAL DIRECTOR ADDRESS 250. REGISTRAR 256. REGISTRAR SIGNATURE
DHMH - 16 3/72 25M (VR A15 (4))	E.F.Lassahn,11750BelairRd.Kingsville,Md.21087
(11, 713 (4))	Jun 1 0 1000 gurunum Mars

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AM	1440	-	FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH									
april 1)113		REGISTRAR CEASED NAME	FIRST	MEC	WIDDLE	JEK J C	AST	CAILOI	20. DATE KNO	REG. NO.	MONTH DA	AY YEAR	26 HOUR
6	# ~ S L	{ TYP	E OR PRINT)	MARY	VE	RONICA	DI	רות עז זיי	CONT	OF ES	STI-	6 7	19 85	AA.
12	TREE TREE	3. SEX	4	RACE	5. DATE OF BIRTH	6 AGE (IN YE	ARS IF UNI	CHARD DER 1 YR.	IF UNDER 2				DAY YEAR	2d. HOUR
00	DUR DUR 72 H ON S	f	emale	white	06 01 :	1940 45 Y	RS.	S DAYS	HOURS	PRONOUNCEI DEAD	3	6 7	19.85	4:18 P M
	RAIL X	7a. BI	RTHPLACE (STA	TE OR	76. CITIZEN OF WH		8. MARRIE	D XXNE	VER MARRIEI	9. BALTIMOR	E CITY OR	COUNTYO	OF DEATH	Marine .
	S NECESSARY, PLEASE FUNERAL DIRECTOR. E SPOR YOUR FILES. D WITHIN 72 HOURS. W PRESTON STREET,		REIGH COUNTRY)		U.S.		WIDOW		DIVORCE	IIGLIO			W0 (0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	MD.
	こまの言う	10. CI	TY OR TOWN O	F DEATH		PITAL, NURSING HOM LILITY, GIVE STREET ADDRESS)	E, OR OTHE	er institu		12a. USUAL OCCUPAT	2 (166)	0.00	OR INDUSTR	RY.
	ORDER POT	F	allston	E IN NURSING HOME		General HO				Lic. Pra	C.Nu.	rse	state	2
30	25 E B B C C	13a. S	TATE	136. COUN	ITY	13c. CITY OR TOWN		13d INSIDE (13e. STREET ADDRESS	3 ·	T) - male	23635	,
6	Description	M F	Md.	DC	or.	Cambride	е		NO L			Park	21613	,
(北部 9		Walter	Frai	ncis Yo	LAST		Ro		MIDDL	E	F	Poble	
3	数数152 方	16a V		EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURI		17. INFORA		A	ADDRESS		0.0.0	
BALTIM	24 HOURS AFTER ITEM 18. GIVE P CONG WITH FOR PERMIT. PAGES 1 SIENE, DIVISION VAL.	11	No	N) (IF YES, GIVE	WAR OR DATES)	215-38-	0977	E. :	Paige	Richard	son	Item	n #13	
	5 m ≥ L: 0			DEATH (Enter on	ly ane cause per line	far (a), (b), and (c).)	1200	TAX.					APPROXIMATE BETWEEN ONSET	
SNS	24 HO ITEM 1 LONG PERMI SIENE, VAL.		PARTIDEA		TE CAUSE (o)	Congestive		fail	ure					
PRESTON	IN 2 IN 1 IN 1 IN 1 IN 1 IN 1 IN 1 IN 1 IN 1		Canditions	s, if any, which		AS A CONSEQUENCE	OF							
. P.	WITH NCIL NAN TAL	100	gave rise	ta immediate	(b)	AS A CONSEQUENCE	Or					-		
201 V	XAW XAW XAW N, O	-	lying cause		DOE TO, OR	AS A CONSEQUENCE	OF							
	SHOULD BE EXECUTED WITHIN 24 HOU THE MEDICAL EXAMINER ALONG CHIEF MEDICAL EXAMINER ALONG E USED AS A BURNAL -TRANST PERMIT OF HEALTH AND MENTAL HYGIENE, DRIAL, CREMATION, OR REMOVAL.		PART 2 OTNER SIGN	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	OUT NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITIO	N GIVEN IN PART	[] (a).				
RECORDS	PENDING MEDICA MEDICA D AS A BL HEALTH AN	Z				Diabetes me	ellitu	ıs						
	A HEA	1 8	19a. DATE OF C	OPERATION	196 CONDIT	ION FOR WHICH OPE	RATION W.	AS PERFOR	MED?	2010		2	20 AUTOPSY?	
OF VITAL	SHOW THE SHO	CERTIFICATION											YES 🗌	NO 🔀
9	A PER		210. EXTERNAL	OR		INJURY MONTH DAY YEA	R 21c. HC)W INJURY	OCCURRED	(ENTER NATURE OF INJURY	IN ITEM 18 PAR	RT 1 OR PART 2)		
NO	PART TO PART T	MEDICAL	214 INTITIPY OF	G CAUSE OF		DF INJURY (AT HOME,	211 100	ATION		-	2			
DIVISION	SCER SCED SCED SCED SCED SCED SCED SCED SCED	MEE	WHILE AT WORK	NOT WHILE		ORY, FARM, ETC.)		TREET		CITY OR TOWN		COUNTY	1	STATE
	E, W E, W PAG PAG STAT	150	100						-	v	7			
	AND	R				cribed above, held an	Autaps		Inspection			I in my apinia	an	
	REC REC /ITH /RYL		death resulted	d tram Natu	ral causes 💢	Accident , S	vicide	Hami	SPECIFY)	Undetermined manni	er L.,			
	MAN WAR		ACTUAL SIGNATURE	INV	XX	1	M		istant	MEDICAL EXAMINE	FR	DATE SIGNED_	6-8-8	5
	NER HELL	/	EXAMINER'S N	145/45 7 7 100	M Disson	MD	100		111 D				21201	
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNEATION FOR SHOULD BE USED TO FUNEATION FOR THE STATE DEPARTMENT OF HIS BATTEMORE, MARYLAND, 21201 PRIOR TO BURIAL.		(TYPE OR PRIN	1)	M. Dixon			ADDRESS_		enn St., B	AILO.	, PID	21201	
	E2729	23a.B	URIAL, CREMATI SPECIFY) burial	ION, REMOVAL	6/11/85	23c. NAME OF CE				23d LOCATION CITY OR TOWN Easton	m	albot	t Mas	ATE
07/84 25M	BP		UNERAL DIRECT		0/ 11/02	phriid	j AA-L-L	T CE		EC'D. BY REGISTRAR				
	DHMH - 17		NAME		AT. HOME	CAMBRIDG	E MD		JUNI	3 1985		don-10	SO BELLEVIER	

	STATE OF MARYLAND										
177035	1.	FOR STATE REGISTRAR	DEPA		LTH AND MENTAL HYC ATE OF DEATH	GIENE 8 5	1/	cy by	*		
* 75 JA			VILLIAM PV.	IRGIL (AST	RICHARDSON		6 20		OUR LOPM		
office of the control	3. SE.	× Male	4. RACE White	5. DATE OF E	27, 1909	6 AGE (IN YEARS LAST BIR)	HDAY) IF UNDE	DAYS HOUR	DER 24 HRS		
of the Co		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TDV2 8	NEVER MARRIED	9 BALTIMORE CITY O		ATH			
	Vi	rginia	USA	WIDOWED [_	Harford	County	Also.	MD.		
190	100	el Air	(IF NOT IN SUCH FACILITY, GIVES Belair Convale	STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Heavy Equip	F WORKING LIFE) INC	KIND OF BUSI OUSTRY Or-Cons			
15	13a. 3 Ma	ryland Harf		t Hill	d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 1938 High		ad 2105	50		
120	14. FA	James A	very Richards	son	MOTHER'S MAIDEN NA	Belle Belle		Farmer			
Pogm/		VAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)		INFORMANT rs.Blanche I	Forest H	ill, Md. , 1938 H	21050 igh Poi			
es that the death certificated by the attending phy please impose (arbon pour of, cremotion, or interesting), or other troumotic events.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last	DUE TO, OR AS APONS	EQUENCE OF	NEUMON DE RELATED TO THE LESS		IITION GIVEN IN	PARI lia			
he for requir	CERTIFICATION	190. DATE OF PERATION	196. CONDITION FOR W	is Uli	h chai	200 AUTOPSY? YES NO	206. IF YES, WERI IN CERTIFYING YES	E FINDINGS U	EATH?		
YSCIAN. T ling physic certificate wested frag	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR A.M. MONTH	DAY YEAR	IC HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI					
A ATTENDARGE THE hospital or surrent RECTOR, annual red for use authority, of Health and em 21 is marked.	ME	saw the deceased alive above, (I) (we) (did) (did	(AT HOME, STREET, FACTORY, OF asspiral) attended the deceased from	rom Th	street 19 that in (my) (out) opiniah	to UNI deoth occurred on the de	19 19 and to				
O HOSHTAL OR A banked by the hose Structure DiREC by the structure Dept.		226. SIGNATURE 22d. PHYSICAN'S NAME (J)	PE OR PRINT) / DE / 27	1 1 2	ATTENDING PHYSICIAN 20 ADDRESS MAT	MEDICAL STALE DIRECTOR PHYSIC N A Be		and signer	1014		
0 € 2 € 1 € 1 BP		BURIAL, CREMATION, REMOV			etery or crematory	23d LOCATION CITY OR TOWN		rd Mo	STATE		
DHMH - 16 50M 4/B3 (VRA 15, 4)		oward K. McCom	as III, Abingão		25a. DA	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S	-			



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

SAYLOR

REG. NO

20 DATE OF DEATH MONTH 2b. HOUR 1985 June 23 5:00 am 6 AGE (IN YEARS LAST BIRTHDAY)

5. DATE OF BIRTH 4. RACE MONTH Female White Sept. 70 BIRTHPLACE (STATE OR FOREIGN

76 CITIZEN OF WHAT COUNTRY?

MIDDLE

C.

United States WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

MARRIED NEVER MARRIED DIVORCED

1892

Harford County. 12ª USUAL OCCUPATION Lic. Prac. Nurse

ADDRESS

BALTIMORE CITY OR COUNTY OF DEATH

12b. KIND OF BUSINESS OR INDUSTRY Nursing

Parks

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
1130. COLINTY Maryland 4 FATHER'S NAME

Maryland

O CITY OR TOWN OF DEATH

Darlington

1 - STATE

(TYPE OR PRINT)

3. SEX

REGISTRAR

DECEASED NAME

Darlington

4025 Conowingo Road

15. MOTHER'S MAIDEN NAME

17 INFORMANT

Josephine

4025 Conowingo Road/21034

Thomas

No

CERTIFICATION

MEDICAL

8

Η. 160 WAS DECEASED EVER IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)

Harford

FRANCES

Moore 16h SOCIAL SECURITY NO 216-32-6484

Bernice Helton 4025 Conowingo Road Darlington.

Maryland

Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying

PART I. DEATH WAS CAUSED BY

A CONSTQUENCE OF DUE TO, OR AS A CONSEQUENCE OF

hoverele

20a AUTOPSY?

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF FITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

214 INJURY OCCURRED

couse

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c

IMMEDIATE CAUSE (o)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

The County that (I) (this hospital) attended the deceased from

21h. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

21e PLACE OF INJURY

not) view the body after death.

NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES

211 LOCATION CITY OR TOWN

COUNTY STATE

72h SIGNATURE

22e ADDRESS

DEGREE

ATTENDING MEDICAL PHYSICIAN X DIRECTOR PHYSICIAN

319 S. Union Avenue Havre de Grace, MD 21078

H. Yamakawa, M.D.

230. BURIAL, CREMATION, REMOVAL

Burial

23¢ NAME OF CEMETERY OR CREMATORY

Pleasant Grove, Lancaster, PA

(VRA 15, 4)

24 FUNERAL DIRECTOR

John H. Harkins 600 Main Street Delta. PA

6/26/85

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR S. SIGNATOR NAME IIII () B 1985 June Davidson Handelle

DHMH - 16 60M 7/84

should be deto

DIVISION OF VITAL RECORDS,

Pleasant Grove Cem.

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

of or

and the second of the second o

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🤗 164049 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST (Scheid) 2a. DATE OF DEATH DECEASED NAME MONTH 26 HOUR EMPST (TYPE OR PRINT) MARIE Torence 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4. RACE MONTH DAYS 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S. A. WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OF County Gout. ASPINOTER 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Harford Co. BE AL 100 Crafton Road MANAJANA NO X 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Victoria Brahm KELLNET march 11. INFORMANDAMENTET) 838-CN 33 ADDRESS 100 C TACTON ROAD 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 133-05-9381 Mrs, Edith S, Smith NO BEI Air, Maryland 21014 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: neumonite a cuite IMMEDIATE CAUSE (a) DUF TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last TER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINANDISEASE OR CONDITION GIVEN IN PART 110 WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDIC AL EXAMINERI P.M. 19 21f. LOCATION 21d. INJURY OCCURRED 218 PLACE OF INJURY COUNTY CITY OR TOWN STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram, saw the deceased alive an abave, (I) (did) (did not) view the bady after death and that in (my) (our) opinion death occurred on the date and have and from the causes stated 22C DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS ld b 23d. LOCATION (Long ISLANCE) 23c NAME OF CEMETERY OR CREMATORY 236. DATE 23a. BURIAL, CREMATION, REMOVAL Pine LAWN, Suffelk Co., NEW York JUNE 7, 1985 Long Island Waticual Com. Burial BP. 50 W. Brondway a Williams St. 25a. DATE REC'D. BY REGISTRAIL 25b. REGIS DHMH - 16 50M 4/83

BEL Air Maryland 21014

mylitroille Frete

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR JAMES James 20. DATE OF DEATH DECEASED NAME MIDDI Edmund MONTH Scotten 2b) HOUR 4. RACE 3. SEX 5) DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 21 HP MONTH YEAR White MALE 95 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED altimore, Md. WIDOWED 10. CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR INDUSTRY Fallston Foreman, Overhead Gas & Electric USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 30. STATE 13e.STREET ADDRESS / ZIP CODE ARFOND BEL AIR MIC 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE Bull. Frederick Amanda Howard Scotten Mary ADDRESMd. 21014 17. INFORMANT (YES, NO OR UNKNOWN) Mrs. Blanche C. Scotten, 808 S. Main St. BelAir 212-08-7414 no 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CERTIFICATION 19a DATE OF OPERATION 20a AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 21b. TIME OF INJURY 21n ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) STATE NOT WHILE May 220.1 certify that (1) (this hospital) attended the deceased from in the date and hour and from the causes stated body ofter death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN ATTENDING . 22e ADDRESS 23a. BURIAL CREMATION, REMOVAL (SPECIFY)

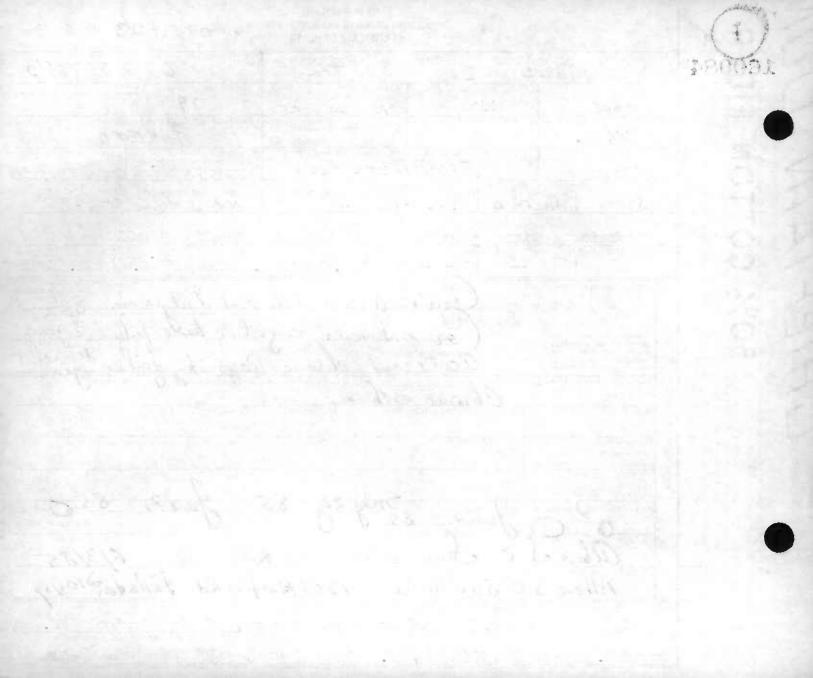
DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR

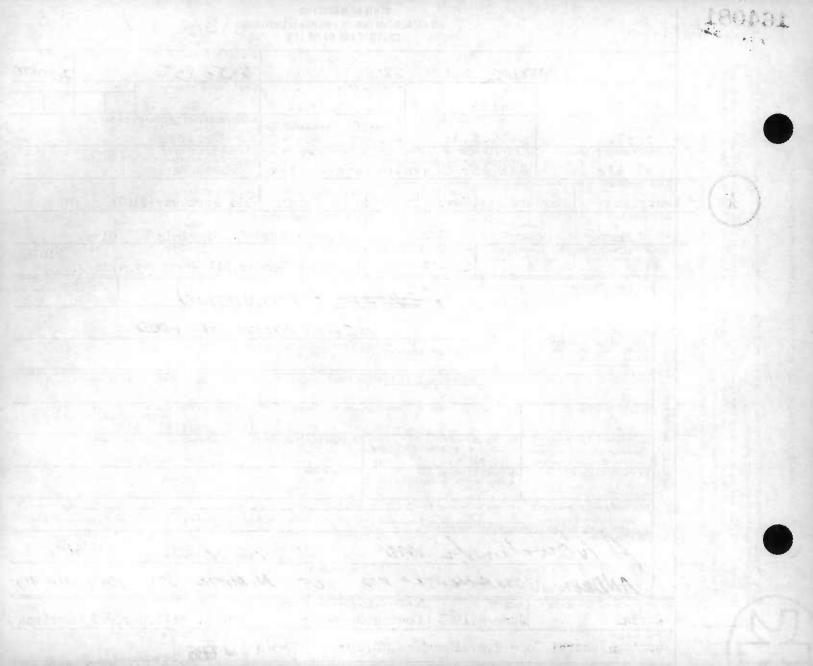
Howard K. McComas III, Abingdon, Md. 21009

REGISTRAR 25h. REGISTRAR

BelAir Memorial Gardens, Bel Air



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medicol	NC	AS DECEASED EVER II		VAR OR DATES)		SECURITY NO. 2-2000	17. INFORM		gle,311 N	orthway	,H.de G	21078 MB
ALTI	> 1	8. CAUSE OF DEATH	(Enter anly	ane cause per	line far (a). (f	b), and (c)		an T				MATE INTERVAL ONSET AND DEATH
Trico phys npop movent,		PART I, DEATH WA	AS CAUSED MMEDIATE	BY:	+	1501	(4)	ASPHY	XIATIO	V		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed. Wher this certificate has been signed by the attending physician and compilent as the burial-transit permit. Then please remove corbon papers. Pages 1 and though the and Mental Hygiene prior to burial, cremation, or removal. arked or hern 18 shows any injury, or ather traumatic event, the medical compilent and the property of the please of the		Canditians, if any, gave rise to imme cause (a), stating	ediate	(b)		SEQUENCE OF	ASPI	RATT	on of	FOOD		
thot by sase ol. cr		underlying cause	last.	(c)_								
RDS, 20 equires signed Then plu to buris njury, o		PART 2. OTHER SIGN	IFICANT CO	NDITIONS C	ONTRIBUTING	G TO DEATH BU	T NOT RELATE	D TO THE TERM	INAL DISEASE OR	CONDITION GIV	EN IN PART 1	o'
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UG PHYS offendin ter this cas the bur hand Merked or h	¥	WHILE NOT WHILE AT WORK	LE 🗆	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OF	PFFICE, FARM, ETC]	21f. LOCAT STRE		CITY	OR TO WN	COUNTY	STATE
O O S O E		220.1 certify that (1) (sow the deceased abave, (1) (we) (di	d alive an				and that in (m	y) (aur) apinian	death accurred on t	he date and hav		that (I) (we) lost causes stated
TO HOSPITAL OR ATTEN retained by the haspital TO FUNERAL DIRECTOR, should be detached for us with the State Dept. of He with the State Dept. of He		The SIGNATURE N	ow.	elin	shi'	MD	DEGREE		MEDICAL DIRECTON PH	STAFF IYSICIAN [22c. DATE	SIGNED
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DHMH - 16 50M 4/82 (VRA 15, 4)		rimg Fune	ral Ho	ome,P.A	.,Aber	deen,MD	,21001-	-339950	N 1 0 1996	FRAR 256. REGIS		URE



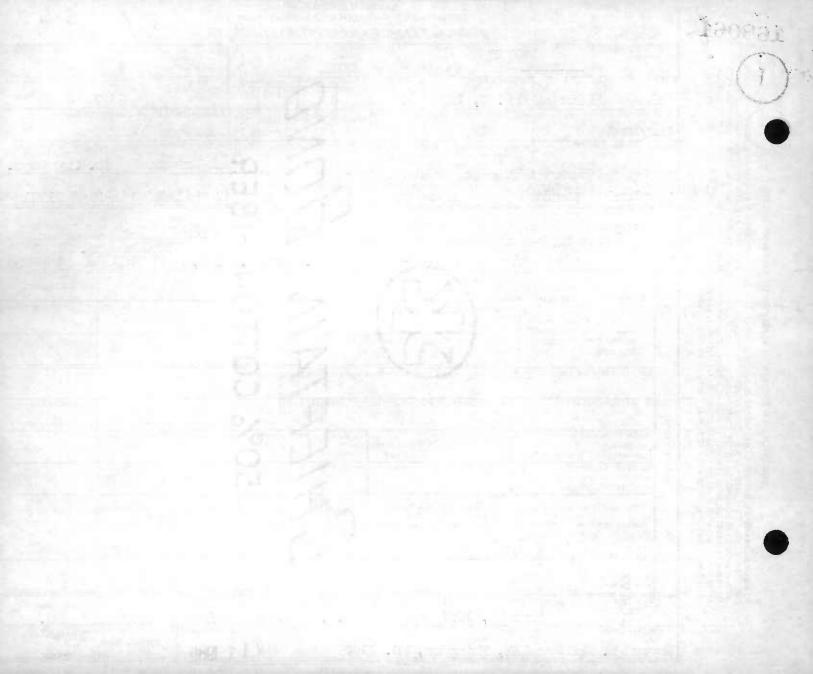
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 163137 - STATE REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-ELAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. 1 PAGE 5 FOR YOUR FILES. BE FILED, MITHIN 72 HOURS 25. 201 W. PRESTON STREET, John Russell DEATH MATED Somers 1985 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS 24 HOUR DATE LAST BIRTHDAY PRONOUNCED 16 68 DEAD Malle Cau. 1985 TO BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. WIDOWED DIVORCED Harford County ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION STYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE! WITH FORM PWS. RETAIN PAINT FORM PWS. RETAIN PAINT PAGES 1 AND 2 SHOULD BE FITE DIVISION OF WHAT RECORDS. Sheet metal open.Western Fallston Fallston General Hospital 3a STATE 136 COUNTY 13d. INSIDE CITY LIMITS? MD. 2120 13c. CITY OR TOWN esville Clermont 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIODLE Winfield Marburger Roberta Somers 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 5-10-5129 Kathleen G. Somers same as above E CHIEF MEDICAL EXAMINER ALONG WINE USED AS A BURIAL - TRANSIT PERMIT. NI OF HALTH AND MENTAL HYGIENE, DI BURIAL, CREMOVAL. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot Wound to Mouth IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESX NO T PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTAKENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 12:20 PM 6/1/19 89 self inflicted wound 21e PLACE OF INJURY (ATHOME. 21 LOCATION 21d. INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) 4818 home Clermont Mill Rd. Pylesville. MARYLAND, Autapsy X 220. I certify that I took charge of the remains described above, held an ond in my opinion Suicide XX deoth resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 6/2/85 SIGNATURE **EXAMINER'S NAME** Gregory R. Kauffman, M.D. 111 Penn St (TYPE OR PRINT) ADDRESS 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Westview Mem. Baltimore. Cremation Baltimore. Md. 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** NAME Gladden Kurtz Jarrettsville, Md.JUN (VR A15 ME (5))

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	1	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	SIENES 5	1 4 5 6
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nay be page 3	V	John	Harry	Stanley	June 17.1985	10:30 _{PM}
	1.58		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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n 72 n 72	V	irginia	USA	WIDOWED DIVORCED	Harford	MD.
fter dea the fune died Gr		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY
- 5 +2 5//	F	allston	11333 Old Fall	Lston Rd.	(Servicest of working Life Manager	Manufacturin
Pour Pour	USU 130.	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION) NN 113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
LAND 21			ford Fallsto		1333 Old Fall	21047 ston Rd.
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E, MAR	15	_	nrv Stanle		Malvina	Page
RE,		WAS DECEASED EVER IN U.S. A		URITY NO. 17. INFORMANT	ADDRESS 122	RO.
BALTIMORE, MARYLAND 2120 icite be executed within 24 hours systicion and completely filled in the ppers. Pages 1 and shall be fill val.		No None		-3921 Marguerite	I. Wimmer 155	latan Ma
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(VRM 13, 4)	H	oward K. McC	omas III P.A.	Abingdon Md		

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STATE OF MARYLAND 164043 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🗟 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR LIYPE OR PRINTI DAVID ht tide 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR IF LINDER 24 HRS 08 TO BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Kentucky DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Retired oal Miner North E 45 13e STREET ADDRESS / ZIP CODE Of Champlaine 4. 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Maynord Steele Perry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Pansy Steele P.O. Box S 101 (hamplain (t. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONSEQUENCE OF LUTTER Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO OR ASSESSED UENED OF underlying cause last CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19g. DATE OF OPERATION 266. IF YES, WERE FIND IN CERTIFYING CAUSES OF DEATH NO YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC) NOT WHISE The contribution (I) (the hospital) attended the deceased frame _19_____, and that in (my) (aur) apinion death accurred an the date and hour and from the source tree the bady after death DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d PMY STAN'S NAME (TYPE OR PRINT) 72e ADDRESS should b M.P. 319 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY Moreland Memorial Pk. Buria DHMH - 16 60M 7/84 Charles S. Zeiler & Son Inc. 6224 Eastern Ave. (VRA 15, 4)

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equires that the death certificate be signed by the attending physicion. Then please remove carbonpapers, to buriol, cremation, or removal. injury, at other troumotic event, the	NOI	Conditions, if any, w gave rise to immed cause (a), stating underlying cause	CAUSED BY: MEDIATE CAUSE (b) DUE TO, O Chich (b) The (b) Lost (c)	R AS A CONSEQUE	NCE OF	D TO THE TERMI	MAL DISEASE OR CONE	an	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH APPROXIMATE INTERVAL PART 110
N: The law re vysician. yysician. cansir permit. I Hygiene prirat. 8 shows any ii.	CERTIFICATION	19a DATE OF OPERATIO			OPERATION WAS PERFO		200 AUTOPSY? YES NOTE TO LENTER NATURE OF INJUR	IN CERTIFYING (EFINDINGS USED CAUSES OF DEATH?
DING PHYSICIA or ottending ph After this certifi se as the burial-th solith and Mental marked ar them	MEDICAL CE	OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK 22a. I certify that (I) (th sow the decessed	SE OF DEATH EXAMINER) 2 11e. PLACE (AT HOME, ST	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F. D 2 19	Y YEAR 19 21f. LOCAT	ON	CITY OR TO	NN CO	unty STATE , that (I) (wa) last
O HOSPITAL OR ATTEN etained by the haspital TO FUNERAL DIRECTOR. should be detached far us with the State Dept. of He MAPORTANT: if them 21 is		obove, (I) (wa) did	(die not) view the body	21	PAGREE 270 ADDRE	ATTENDING PHYSICIAN SS	MEDICAL STAF	F _	6/27/85
TO HOSE retained TO FUNI should be with the Limport A	23a. (CREMATION		85 W	AME OF GENERAL OF	CREMATORY	23d. LOCATION CITY OR TOWN BATTO	BAI	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 8	JNEROL DIRECTION	h	ADDRESS (Clésaco Ara	EMFTERY 250. DATE JU			

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🤗 CERTIFICATE OF DEATH

							REG.	NO.		
/ TYOU	CEASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
, 117	E OR PRINT)	Ruth	Eli	H=3das	81	TETBAK		26,19		5 P. A
3. SE	X		4. RACE		5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	HOURS MIN.
	FEMALE		MP:1		A-pri		74	YRS.		HOURS MIN.
	IRTHPLACE (STATE OR F	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	TY OF DEATH	
6	haruland		W.S.	A.	WIDOWE		HARGO	-d Cou	uty	Μſ
0. C	ITY OR TOWN OF DEA	TH A				OR OTHER INSTITUTION	12a USUAL OCCUP			F BUSINESS OR
	AUCE DE GIA			HESADEA		- VIE	(TYPE OF WORK FOR MO	ST OF WORKING		
_	AL RESIDENCE (IF NURS					1106	BERNHEIAN		Shop	WNET
	STATE	13b. COUN				13d. INSIDE CITY LIMITS?	13e.STREET ADDRES			1018
en	Aryland	Hart	ord Co,	Houre de Gra	ICE .	YES 🛛 NO 🗌	704 ChE	SAPEAK	E Drive	-
1. F	ATHER'S NAME			1.67		15. MOTHER'S MAIDEN NA				
	Samuel		MIDDLE	Stinches	don	Martha	WIDDLE		VA.	roh
in 1	WAS DECEASED EVER	IN II S AP	MED FORCES?	166 SOCIAL SECUR		17. INFORMAN(50+) 939				
	(YES, NO OR UNKNOWN)		E WAR OR DATES)				. 19	3 South	MARKET	Street
	NO	-		218-32-4	773	Mr, Fritz V. St	Erbak H	Aure de	GrACE, ME	raland 210
	18. CAUSE OF DEAT			line for to 1, (b1, and	(c).)				APPROX BETWEEN	MATE INTERVAL
	PART I. DEATH W			Cardi	0 - D	ulmunary	arrest			gira
		IMMEDIAI	E CAUSE (a)		1					
			DUE TO, O	R AS A CONSEQUE	1 .	0	1 1			1.20
	Conditions, if ony,		(b)	Metasta	itic i	adenocarcino	na of ti	ver,	u	NK
	couse (a), statin	g the	DUE TO, O	R AS A CONSEQUE	NCE OF	/-	,			
	underlying cause	lost.	((5)	Primar	74	Unknown (Panesens)	A.	u	NK
	- Cause									
		VIFICANT (ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION G	IVEN IN PART 1	0
NO	PART 2. OTHER SIGN									in abl.
NOITE	PART 2. OTHER SIGN	inte	estiral	bleeding	a	nemia, poor	oral inta	he 2	mass	in abl.
CAHON	PART 2. OTHER SIGN	inte	estiral	bleeding	a		200 AUTOPSY?	he 2 20b. IF YI		is ask.
KIIFICATION	PART 2. OTHER SIGN CONTROL 19a DATE OF OPERA	TION	196. COND	bleed in a	a	N WAS PERFORMED	200 AUTOPSY?	Le 2 VIIIN CERT	ES, WERE FINDING CAUSES	is ask.
CERTIFICATION	PART 2. OTHER SIGN G COST CO	TION -	196. COND 196. COND	STREED TO STITION FOR WHICH	OPÉRATIO	nemia, poor	200 AUTOPSY?	Le 2 VIIIN CERT	ES, WERE FINDING CAUSES	NGS USED OF DEATH?
	PART 2. OTHER SIGN G C) T C 19a DATE OF OPERA 21a. ACCIDENT WAS UNI OR CONTRIBUTING	TION DERLYING CAUSE OF DEA	196. COND 196. COND 196. TIME O HOUR A.	STEINJURY M. MONTH DA	OPERATIO Y YEAR	N WAS PERFORMED	200 AUTOPSY?	Le 2 VIIIN CERT	ES, WERE FINDING CAUSES	NGS USED OF DEATH?
	PART 2. OTHER SIGN G COST CO	TION DERLYING CAUSE OF DEACAL EXAMINER	19b. COND 19b. TIME O HOUR A. P.	STEDURY M. MONTH DA	OPÉRATIO	N WAS PERFORMED	200 AUTOPSY? YES NO RED (ENTER NATURE OF II	Le 2 20b. IF YI IIN CERT	WESS ES, WERE FINDIN IFYING CAUSES YES PART 1 ORPART 2)	NGS USED OF DEATH? NO
	PART 2. OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDIN 21d. INJURY OCCURE WHILE NOT WHE	DERLYING CAUSE OF DEA	196. COND 196. COND 196. COND 196. COND 196. COND 216. TIME O HOUR A. 216. PLACE	STEDURY M. MONTH DA	OPERATIO Y YEAR 19	Nemia POST	200 AUTOPSY?	Le 2 20b. IF YI IIN CERT	ES, WERE FINDING CAUSES	NGS USED OF DEATH?
	PART 2. OTHER SIGN (C) TO 190 DATE OF OPERA 21d. ACCIDENT WAS UNIT OR CONTRIBUTING (IF ETHER, NOTIFY MEDI 21d. INJURY OCCUR! AT WORR NOT	DERLYING CAUSE OF DEACAL EXAMINER RED	196. COND 196. COND 216. TIME O HOUR A. P. 216. PLACE (AT HOME, STE	DE INJURY M. MONTH DA' M. OF INJURY REET, FACTORY, OFFICE, PA	OPERATIO Y YEAR 19	N WAS PERFORMED 21c. HOW INJURY OCCURR 21l. LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF II	ZOB. IF YI IN CERT W NJURY IN ITEM 1B	ES, WERE FINDIN IFYING CAUSES YES DART 1 ORPART 2)	NGS USED OF DEATH? NO
	PART 2. OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCURI WHILE AT WORK NOT WIT AT WORK ALWO 22a.I certify that (I)	DERLYING CAUSE OF DEA	196. COND 196. COND 196. COND 197. TIME O HOUR A. 19 P. 21e. PLACE (AT HOME STE	STENJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, PA	Y YEAR 19 RM, ETC)	21c. HOW INJURY OCCURS 21l. LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF III	20b. IF YI IN CERT Y NJURY IN ITEM 18	ES, WERE FINDIN IFYING CAUSES YES PART 1 OR PART 2) COUNTY 19 85	NGS USED OF DEATH? NO STATE
	PART 2. OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR! WHILE NOT WAT WORK NOT (I) 22a.I certify that (I) sow the decease	TION DERLYING CAUSE OF DEA CALEXAMINER RED (this hospi	21b. TIME O HOUR A. THE PLACE (AT HOME, STI	DE INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, PA	Y YEAR 19 RM, ETC)	N WAS PERFORMED 21c. HOW INJURY OCCURR 21l. LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF III	20b. IF YI IN CERT Y NJURY IN ITEM 18	ES, WERE FINDIN IFYING CAUSES YES PART 1 OR PART 2) COUNTY 19 85	NGS USED OF DEATH? NO STATE
	PART 2. OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCURI WHILE AT WORK NOT WIT AT WORK ALWO 22a.I certify that (I)	TION DERLYING CAUSE OF DEA CALEXAMINER RED (this hospi	21b. TIME O HOUR A. THE PLACE (AT HOME, STI	DE INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, PA	OPERATIO Y YEAR 19 RM. ETC)	21c. HOW INJURY OCCURS 21l. LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF III	20b. IF YI IN CERT Y NJURY IN ITEM 18	ES, WERE FINDIN IFYING CAUSES YES PART 1 OR PART 2) COUNTY 19 85	NGS USED OF DEATH? NO STATE that (I) (we) lost causes stated
	PART 2. OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTHY MEDI 21d. INJURY OCCUR! WHILE NOT WHAT WORK NOT WHAT WHAT WORK NOT WHAT WORK NOT WHAT WORK NOT WHAT WORK NOT WHAT WHAT WORK NOT WH	TION DERLYING CAUSE OF DEA CALEXAMINER RED (this hospi	21b. TIME O HOUR A. THE PLACE (AT HOME, STI	DE INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, PA	OPERATIO Y YEAR 19 RM. ETC)	21c. HOW INJURY OCCURE 21l. LOCATION STREET 21d that in (my) (our) opinion of the control of th	200 AUTOPSY? YES NO PRED (ENTER NATURE OF III CITY OF deoth occurred on the	206. IF YI IN CERT Y NJURY IN ITEM 18	ES, WERE FINDING CAUSES (FES DE PART LORPART 2) COUNTY LOUNTY LOUNT	NGS USED OF DEATH? NO STATE that (I) (we) lost causes stated
	PART 2. OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR! WHILE NOT WAT WORK NOT WORK AT WORK 22a.l certify that (I) sow the decess above, (I) (we) (22b. SIGNATUR)	DERLYING CAUSE OF DEA CAL EXAMINER RED UILE (this hospi	19b. COND 19b. COND 21b. TIME O HOUR A. P. 21e. PLACE (AT HOME. 51) tol) ottended th	DE INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, PA	OPERATIO Y YEAR 19 RM. ETC)	211. LOCATION STREET 211. LOCATION STREET 212. LOCATION STREET ATTENDING PHYSICIAN E	200 AUTOPSY? YES NO RED (ENTER NATURE OF III	206. IF YI IN CERT Y NJURY IN ITEM 18	ES, WERE FINDING CAUSES (FES DEPART 1 OR PART 2) COUNTY LIPES DUT ON ON THE PART 2) COUNTY	NGS USED OF DEATH? NO STATE that (I) (we) lost causes stated
MEDICAL CERTIFICATION	PART 2. OTHER SIGN 190 DATE OF OPERA 210. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR! WHILE NOT WHAT WORK NOT WORK AT WORK 220.1 certify that (I) sow the decease above, (I) (we) (22b. SIGNATUR) 22d. PHYSICIAN'S N.	DERLYING CAUSE OF DEA CAUSE OF DEA CAUSE OF DEA (A) (A) (A) (A) (A) (A) (A) (19b. COND 19b. COND 21b. TIME O HOUR A. P. 21e. PLACE (AT HOME. 51) tol) ottended th	DE INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, PA	OPERATIO Y YEAR 19 RM. ETC)	211. LOCATION STREET 211. LOCATION STREET 212. ATTENDING PHYSICIAN 222. ADDRESS	200 AUTOPSY? YES NO PRED (ENTER NATURE OF III CITY OF deoth occurred on the	20b IF YI IN CERT YOUNG TOWN	ES, WERE FINDIN IFYING CAUSES YES OPART 1 OR PART 2) COUNTY 19 85 Dur ond from the	NGS USED OF DEATH? NO STATE that (I) (we) lost causes stated

DHMH - 16 50M 4/83

BP.

(VRA 15, 4)

24 FUNERAL DIRECTOR
COSEPHINATION TO STEP

(SPECIFY)

BuriAl

FOR - STATE

BE Air MEmorial Gardens

BELATE, Harriand Co. 250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

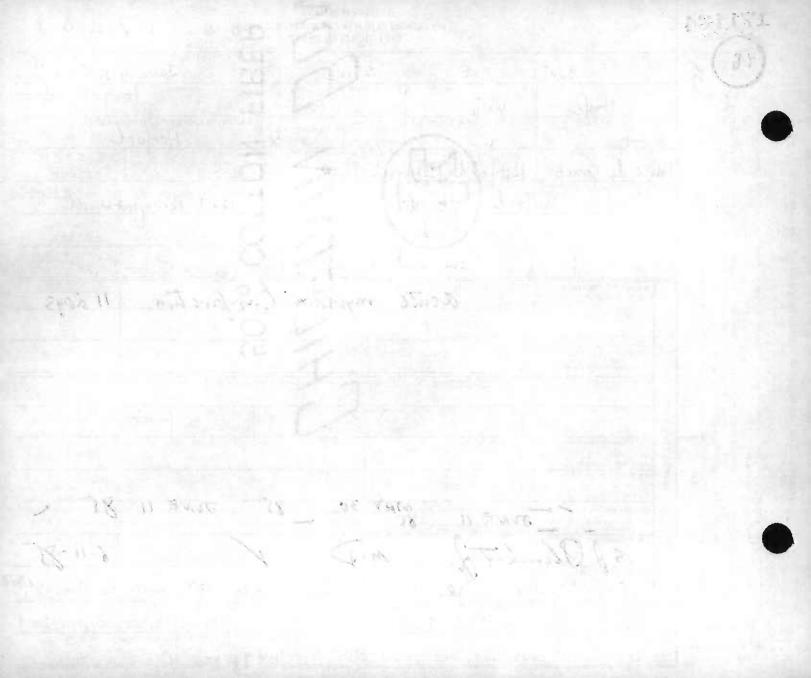
BEL Air Maryland 21014

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71124	1	505				FMARYLAND	16	r de	g 2	7	6	2		
1123	1.	FOR STATE REGISTRAR		DEPARTA		LTH AND MENTAL HYC ATE OF DEATH	SIENE 8	REG. NO.		64	0			
(2)		CEASED NAME FIRST		NIDDLE	LAST	,	2a. DATE OF		ONTH DA	Y YEAR	2b. HOU	RC		
いかん	1	Curt Curt	is	E.	57	INe	177	J	UNC 1	11 1985	6	0		
1	1, 58	×.	4 RACE		5. DATE OF I	BIRTH YEAR	6 AGE (IN YE	ARS LAST BIRTH		UNDER I YEA		24 HRS		
ector urs of		Male	Whil	v		23, 1911	7:	3	YRS.	J. 4113	17COKS	IN IIV		
hour Shou		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	WHAT COUNTRY?	MARRIED [NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH							
or Tool		aryland	U.S.		WIDOWED [DIVORCED 🔀	1000	Hartord			<u> </u>			
with with	10 C	ITY OR TOWN OF DEATH		IOSPITAL, NURSIN HFAGILITY, GIVE STREET /		OTHER INSTITUTION	12 to USUAL OCCUPATION J 12 b. KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					55 O		
e filed	140	vie de GracE	Har o	0 - 111	rink	Jusp	Laborer			Various				
ould be		AL RESIDENCE (IF NURSING HOME OF TATE 13b. GOL		13c. CITY OR TOW	N 113	d. INSIDE CITY LIMITS?	1027		ZIP CODE 1210		, 1210	01		
-	-	Ma. 160	irrora	Aberd		res No X	122	Re	rryn	AN	140.			
100/	14. F	ATHER'S NAME	MIDDLE	LAST	12000	MOTHER'S MAIDEN NA	WE	WIDDLE	0		AST			
(0)	1		Eugene	Stine		Mae		Eliza		A	kers			
Poges		VAS DECEASED EVER IN U.S. A	IVE WAR OR DATES	16b. SOCIAL SECU	1021	INFORMANT				a	210	01		
	-	NO N	/A	217-17-	1130	urtis E. St	ine,Jr.	,606 V	Valker	St.A	berde	en		
emoval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only ane cause per SED BY:	line far (a), (b), and	lici.1	A . Siel		. +	,	BETWEEN	ONSET AND	DEATH		
rem		IMMEDIA	ATE CAUSE (a)	acm	CIM	yocardial	mga	vely	M	111	XC145			
Cord Cord Notive			DUE TO, OR AS A CONSEQUENCE OF											
o tio		Conditions, if any, which gave rise to immediate												
rem ther t		couse (a), stating the underlying cause lost	DUE TO, OR	AS A CONSEQUE	NCE OF									
or ot			((c)									_		
hen p to bu	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>CC</u>	INTRIBUTING TO D	EATH BUT NO	OT RELATED TO THE TERM	AINAL DISEASE	OR COND	ITION GIVE	N IN PART	ła			
L L L L L L L L L L L L L L L L L L L	CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATION Y	WAS PERFORMED	20a AUTOPSY? 20b. IF YES		20b. IF YES,	WERE FIND	INGS USE	SED		
ows ony	Ĕ						YES 🗆	NOП	IN CERTIFY		S OF DEAT			
Hygie	W W	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF		V V515 2	It. HOW INJURY OCCUR	RED (ENTER NAT		IN ITEM 18 PAR	RT I OR PART 2)				
0 0		OR CONTRIBUTING CAUSE OF D			Y YEAR									
or Her	MEDICAL	21d. INJURY OCCURRED	21e. PLACE C	OF INJURY	2	II. LOCATION		CITY OR TOW	N	COUNTY		TATE		
morkedor	×	WHILE NOT WHILE AT WORK	(AT HOME STRE	EET, FACTORY, OFFICE, FA	ARM, ETC)	SIREEI		CITY OR TOW	N	COUNTY	3	IAIE		
HOL		22a. I certify that (1)	attended the	e deceosed from 1	DAY '	30 19 XS	, ta	TUNE	11. 19	XI	, that (1)	ve) la		
21 is		saw the deceased alive a	TI VIEW the bady	19 8	-	that in (my) (a) opinian	death accurred	an the date	e and hour o	and I am th	e causes sta	ited		
ten Ten		22b. SIGNATURE	View the body o	arrer dedin.	DE	SPEE	/			22c. DAT	E SIGNED	_		
detacl ate D		B4 16	ush to		Mi	ATTENDING PHYSICIAN [MEDICAL	STAFF		60	8-11	1		
State ANT: I		22d PHYSIC AN'S NAME LITYPE	OR PRINT)	1		2e ADDRESS	• DIRECTORE	A.	/		0	-		
	1			^ ^	6									
th the		B. J. Plu	ukett	JR. MO	1.	South U	him	HVL,	Havre	de 1	ment	u:		
with the State		B. J. Plu	L 23b. DATE	JR. Ma	AME OF CEM	South U	h(M		Havre	Le 4	ma,	u:		
IMPORT		B. J. Plu SURIAL, CREMATION, REMOVA SPECIFY) Burial							Havra Le, Har	county ford,	Maryl	M:		
IMPORT	24. FI	Burial JNERAL DIRECTOR	June 14	4,1985 Sm	ith's	Chapel Cem.	Chur	chvil.				M:		
MPORTA (60W 7/84	24. FI	Burial	June 14	4,1985 Sm	ith's	Chapel Cem.	Chur	chvil.	b. REGISTRA			M.		



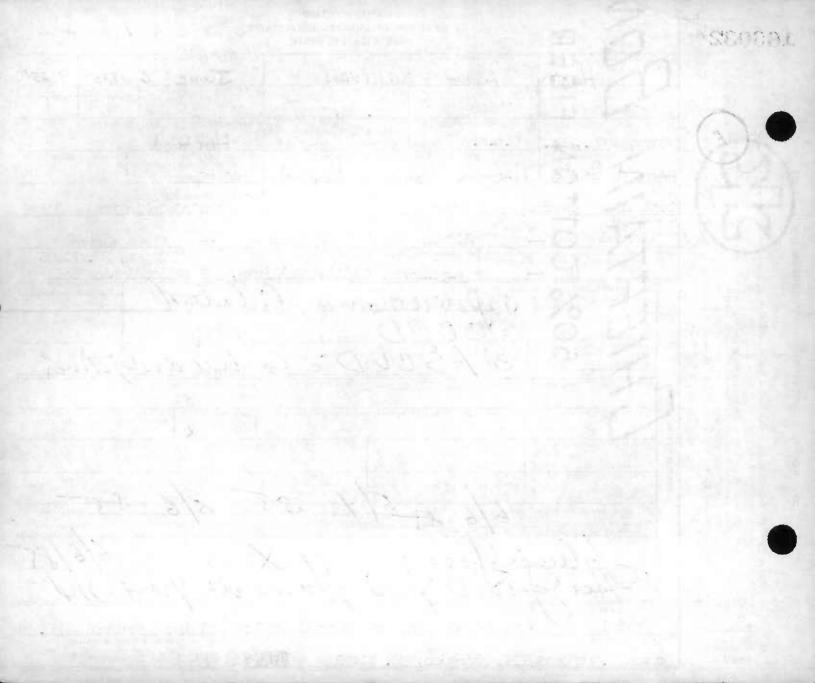
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	ST	A	TE	OF	M.	ARYL	AND
DEPARTMENT	0	F	HE	ΔI	TH	AND	MENT

CERTIFICATE OF DEATH

		REGISTRAN					REG. NO.								
	1. DECEASED NAME FIRST MIDDLE [1YPE OR PRINT]				LAST	2	. DATE OF DEATH	DAY YEAR	26 HOUR						
	(TIPE	Henry	Lester	Sull	IVAN		JUNE	6	1985	9:3	15/				
	3. SEX	(4 RACE	5 DATE O			AGE (IN YEARS LAST BIRTH	-	IF UNDER I YEAR	IF UNDER					
9,		Male	White	Aug	00 000	OO YEAR	84	YRS "	NONTHS DAYS	HOURS	MiN.				
1	7a. BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	D X NEVER MAR	9.	BALTIMORE CITY OR	COUNTY	OF DEATH						
0	Gr	ayson Co., Va.	U.S.A.	WIDOW	DIVOR	RCED 🗌	Harfo	rd			MD.				
1	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		OR OTHER INSTITU		2a USUAL OCCUPATIO		12b. KIND OF	BUSINE	SSOR				
	HA	ure de GRACE	I I and a M	meni	a Haspi	ital	Coal Miner		Coal						
	USUA 13a S		OTHER INSTITUTION GIVE RESIDENCE BEFO		13d INSIDE CITY	LIMITED 11	Be.STREET ADDRESS / :	ZIR CODE							
2		yland Harfo		VVIA		O St	609 Philade		a Road	21	085				
0	14 FA	THER'S NAME			15. MOTHER'S M						000				
0		Daniel .	Sullivan		Marc	aret	WIDDIE		TATO DE EO						
5	160 W	VAS DECEASED EVER IN U.S. AR		URITY NO.	17. INFORMANT	Jarce	ADDRES	STown	Weave	2100	-				
	(4		VE WAR OR DATES)			a .11'			a, Md.		5				
	-	no	<u>229-12-6</u>		William	Sulliv	an, 609 Ph	LLage	lphia F		WAL.				
	- 1	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause pril in tal, (b), a	nd ic	r	0	11.17.1	-//	APPROXI BETWEEN C	NSET AND	DEATH				
		IMMEDIA	TE CALS III	me	ma	, es	upuu	<u> </u>							
			QUETO DATAS A GONSEJOT	POPPINE											
		Conditions, if ony, which													
		gove rise to immediate cause last. The sales of the underlying cause last.													
	selv	un													
	-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110													
	ě														
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORM	ED	20a AUTOPSY?		, WERE FINDIN						
0	TIF						YES NOT YES NO								
	CE	210. ACCIDENT WAS UNDERLYING	THE PROPERTY OF	DAY YEAR	SIC HOM INJUI	RY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 P.	ART OR PART 2)						
	CAL	OR CONTRIBUTING CAUSE OF DE	NIII	19											
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	11	21 LOCATION		Constant Cons		COUNTY		TATE				
	2	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE	FARM ETC)	1. /	01	- 1	,	0 -		ALL.				
	. 1		ital) attended the deceased from	5	1	55	10 5/6	5	23	hat (1) (v	ve) lost				
		saw the deceased alive an	6/6 19	, ai	nd that in (my) (au	r) opinian dei	ath accurred an the date	e and haur							
		22b. SIGNATUR	at view the body after death		DEGREE			-	73c DATE	GNED					
		Lilin	2 Mars	7			MEDICAL STAFF DIRECTOR PHYSICIA		6/6	5/1	9				
		2 THYSICAN NAME INTER	M P India D	1	1220 ADDRESS	BICIAN	DIRECTOR PHYSICIA	,	-	10					
		1	totan Dy	un	1 1	time	dey	we	1.1	M					
	23a. B	URIAL, CREMATION, REMOVA	23b. DATE 23c	NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION								
	(Burial	June 8,1985 H	larford	Memoria	al Gard		H	arford	Md	TATE				
4	24 FU	INERAL DIRECTOR				25a DATE F	REC'D. BY REGISTRAR 25								
	Ha	ward K. McComas	s III, Abingdon,	Md.	21009	REGAR	4 0 100F	Min. Di	widson 19	inda99	6				

DHMH - 16 60M 7/8 (VRA 15, 4)



26JUNE85

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY)

BURIAL

24. FUNERAL DIRECTOR

FOR

MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MO. 21078

ANGEL HILL CEMETERY

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CITY OR TOWN

HAVRE de GRACE, HARFORD CO. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE

12b. KIND OF BUSINESS OR

21078

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

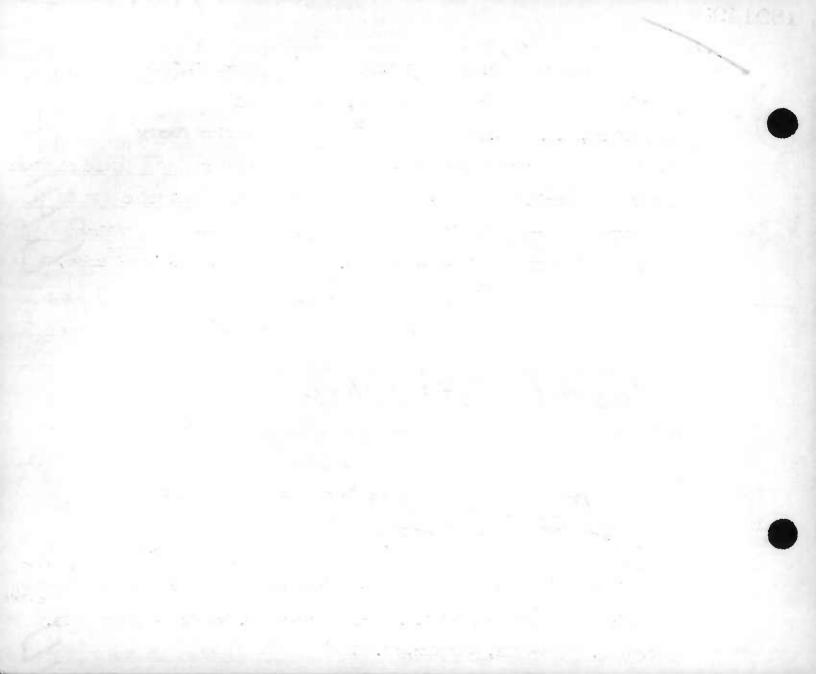
STATE

COUNTY

COUNTY

LAST

INDUSTRY



FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

REG. NO

2b.	HOUR	Π
	_	

1		CEASED NAME FIRST MIDDLE LAST							20	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR							
1	(TYPE	TYPE OR PRINT) MARION H. WILLIAMS								JU	17,19	85	35 9		AM		
1	3. SEX	State No. 2		4. RACE		5 DATE C	OF BIRTH		6. /	AGE (IN YE	ARS LAST B	RTHDAY}	IF UNDE		IF UNDER		
1	1	Female		Whi		Jan	22 .	1913 YEAR		72		YRS.	WOWIHS	DAYS	HOURS	MIN.	
1		OUNTRY)	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	n NEV	ER MARRIED	1X 9.1	BALTIMOR		OR COUNT		ATH			
7	Pennsylvania				U.S.A. WIDOWE			DIVORCED				rford		MD.			
7		AVRE DE GRACE BREVIN "NURSING HOME OR OTHER INSTITUTION						4.00	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) DIFFICE WORKER BUSINESS								
1	13a. S	L RESIDENCE (IF NUR	13h COUN		GIVE RESIDENCE BEFORE		I I 3d INSI	DE CITY LIMITS	52 1134	STREET A	DDRESS	/ ZIP COD	_* 2	104	0		
7		aryland		ford	Edgewo		YES 🗌	ХХ ои		1921		Edgew	· tin			e	
	Joseph MIDDLE				Williams Marion					MIDDLE Brayhard							
160	16a. V	AS DECEASED EVER							18 Singer Road								
	[']	NO OR UNKNOWN)	I NC	NE DATES	138-01-5475 Mary E. Ca				Cat	ttrell Abingd			don	on, Marylan			
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)												APPROXI	MATE INTE	RVAL DEATH	
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)															
		DUE TO OR AS A CONSEQUENCE OF															
		Canditions, if any, which (b) Melmitrition															
		gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF															
		underlying cause last. (c) Throng Panerellites															
	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Transfer															
	CERTIFICATION																
r	CA	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION						1 WAS PERFORMED 2						WERE FINDINGS USED NG CAUSES OF DEATH?			
	#								_	YES 🗌	NO 🗌		ES 🗍		NO [
7		210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR								(ENTER NAT	URE OF IN	URY IN ITEM 18	PART I OR	PART 2}			
	3	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19															
	MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET									CITY OR I	OWN	(0	YINL		STATE	
13	-	NOT WHILE AT WORK															
		220 certify that (1) this hospital) attended the deceased from 6/16 19 9 to 19 19 19 19 19 19 19 19 19 19 19 19 19															
		the deceased alive an											ated				
1		27k SIGNATURE	ude	en N	owale	ion	DEGMEE /	TENDING IAN		MEDICAL HRECTOR [5TA		22	SATE	SIGNED	3-	
		22d PHYSICIAN'S N	AME (TYPE OF	R PRINT)			22+ AD0	RESS	-						1		
		ANDREW NOWAROWSKI.M.D. /25 N						N.	MA	IN	JJ.	B	BZ,	DIK	Ma		

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL

(SPECHY) Cremation

23b. DATE

Howard K. McComas III Abingdon, MarylandJUN

June 17,85 R. A. Ferris & Co.

23c. NAME OF CEMETERY OR CREMATORY

West Chester Chester 250. DATE REC'D. BY REGISTRAR 25 REGISTAR SA

23d. LOCATION

